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Original Contributions.

ARTICLE I.

OVARIAN TUMORS.

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I.—Is OVARIOTOMY A JUSTIFIABLE OPERATION?

This question is one which may be considered open for discussion, many eminent members of the profession, both in this country and in Europe, entirely rejecting it, while quite as many, perhaps, of equally good authority, advocate its adoption among the legitimate modes of relief in appropriate cases. The statistics of operations performed in the last few years, particularly by men who have endeavored to perfect it, and to make a just adaptation of it to cases, furnish its advocates with, I think, valuable proof of its beneficent effects.

Ovariectomy is comparatively a new operation; and, as yet, is not in that state of perfection that almost all other capital operations have attained; so that, in forming an opinion of its rate of mortality, as compared with other operations, we should make due allowance for short-comings in this respect. This remark, of course, is more strongly applicable to operations performed five, ten, fifteen, and even thirty years ago. The causes of failure then, were not so well understood as now, (nor now, as they will doubtless be in the future), nor were they avoided with the skill we may hope some time to

employ. There are but few of the other capital operations which have not arrived at perfection, so far as their mechanical execution is concerned, and perhaps the prior and after treatment of the case for which they are performed. They consequently have the great advantage, thus arising, in any comparison of value or safety. The statistics of ovariectomy include cases treated by all sorts of surgeons, under all sorts of circumstances, during the whole time from its initiation in 1809, by Dr. McDOWELL, of Kentucky, up to the present time; thus presenting many cases surrounded by the most unfavorable circumstances, and performed in the very worst possible manner. The statistics of other operations, of less danger and importance, are made up on the contrary, from the practice of men of good surgical reputation, surrounded by as favorable circumstances as experience of long standing, and innumerable repetitions can suggest. With regard to the statistics of ovariectomy, they differ very much, comparing those of the last ten years with the records of the twenty years preceding; and there is reason to hope, that twenty years hence, the progressive improvement of this operation, will furnish a still more favorable exhibit, as compared with the present.

Notwithstanding all this unfavorable state of things, ovariectomy will compare favorably with amputations, operations for hernia, ligations of large arteries, etc. I shall give the results of other operations before inquiring into those of ovariectomy: M. Malgaigne has shown that, out of 825 amputations of the extremities, of all kinds, including the fingers and toes, performed in the Parisian hospitals from the year 1836 to the year 1844—332 died; or about *four* in every *ten* proved fatal.

Of 201 amputations of the thigh,	126 died, or <i>six</i> in <i>ten</i> .
Of 192 " " leg,	106 died, or <i>five and a half</i> in <i>ten</i> .
Of 91 " " arm,	41 died, or <i>four and a half</i> in <i>ten</i> .

In Glasgow, Dr. Lawrie has shown that of 276 amputations, 101 proved fatal, or nearly *four* in every *ten*.

In 128 amputations of the thigh,	46 died, or <i>three and a half</i> in <i>ten</i> .
In 62 " " leg,	30 died, or about <i>five</i> in <i>ten</i> .
In 53 " " arm,	21 died, or <i>four and a half</i> in <i>ten</i> .

In the Edinburgh Infirmary during 1839, there were seventy-two amputations of the thigh, leg, shoulder-joint, arm and forearm; of these, thirty-five proved fatal,—nearly *five* in every *ten*.*

Amputations at the knee-joint, show a mortality of thirty-seven per cent., as shown in a collection of cases by Dr. Thomas M. Markoe, in the *New York Journal of Medicine and Surgery*, for January, 1856, quoted by Dr. Gross, in his new work on Surgery, at p. 1119, second vol. In amputations of the thigh, performed by American and European surgeons, in 1055 cases, there were 464 deaths, or forty-three and a half per cent.; seventy-six cases in 126 amputations at the hip-joint, died, equal to about sixty per cent. In forty-seven cases performed for injury, thirty-five died, over *seventy* per cent.

Mr. Phillips has collected 171 cases in which the large arteries were tied; of these fifty-seven died, or about *three and a half deaths* to *ten* cases. Dr. Inman finds that, in 171 cases of ligature of the large arteries, sixty-six died, about *three and a half* to *ten*. Eighteen cases of ligature of the subclavian in forty died, nearly *five* to *ten*.

In his work on hernia, Sir Astley Cooper records thirty-six deaths in seventy-seven operations; or nearly *five* in *ten* cases. Dr. Inman has collected 545 cases of operations for hernia, of which 260 proved fatal, nearly *five* in *ten*.

Turning to operations in ovarian diseases. According to Mr. Southam, who has tabulated twenty cases of simple tapping, four died from the effects of the first operation; *one* in *five*. Three more died within one month of the first tapping, and fourteen, in all, died in less than nine months, and four lived during periods, varying from four to nine years.†

Dr Tyler Smith, in a paper read before the Obstetrical Society of London, says, that in 130 cases of simple tapping, as many as sixty-nine died within one year, and 114 were known to have eventually died of the disease. Of 130 cases, treated with iodine injections, sixty-six died or refilled, and

*SIMPSON 1st Series, page 245, *Obstetrical Works*.

†SIMPSON Obs't Works, page 24, 1st Series.

sixty-four are said to have been cured. The ovary still remaining, the nîsus of the disease is left behind.*

Dr. Smith reports twelve cases in which *he* tried iodine injections after tapping; two were successful; one of these he lost sight of in a short time, and consequently, could not say how long she remained well.—*Idem*.

I cannot lay my hand upon the tables at present, but Dr. Robert Lee, a strenuous opposer of the operation of ovariectomy, has collected 200 cases. His table shows a mortality of one in every $2\frac{1}{2}$, or less than five in ten. Many of these were operations performed many years ago. The imperfections of diagnosis, and want of knowledge of the best modes, and appropriate sort of cases, should be considered in connection with these results.

Dr. Cormak, who is also adverse to the operation, found that in eighty-nine cases, in which ovariectomy had been performed or attempted, thirty-four died, or nearly four in ten. In sixty-five cases in which the operation had been perfected, twenty-five, or between three and four in every ten died.†

Dr. George H. Lyman reports the results in 299 cases, collected by him, in a prize essay read before the Massachusetts Medical Society, quoted by Dr. Gross, in his new work on Surgery; of these, 179 recovered, and 120 died, a mortality of four in ten, or a little over.

Dr. W. Tyler Smith reports 183 deaths in 212 cases, promiscuously collected, and four successful in his own practice. In the *British Medical Journal*, for December, 1860, a table is given of twenty-two cases, said to embrace all the operations performed in the London Hospital, for the last three years; of these thirteen died and nine recovered. The following is a copy of the table.‡

**Lancet* for May, 1861—*Am. Reprint*.

†*Simson, Obst. Works, 1st Series. Page 246.*

‡*From American Journal for April, 1861.*

No.	HOSPITAL.	OPERATOR.	DATE OF OPERATION.	RESULT.
1	Samaritan,	Mr. S. Wells,	February, 1858,	Recovered.
2	Metropolitan Free,	Mr. Hutchinson,	August, 1858,	Recovered.
3	"	Mr. Hutchinson,	August, 1858,	Died.
4	"	Mr. Hutchinson,	September, 1858,	Died.
5	Samaritan,	Mr. S. Wells,	September, 1858,	Recovered.
6	Metropolitan Free,	Mr. B. Childs,	November, 1858,	Died.
7	Samaritan,	Mr. S. Wells,	November, 1858,	Recovered.
8	University Coll.,	Mr. Erichsen,	November, 1858,	Recovered.
9	Samaritan,	Mr. S. Wells,	January, 1859,	Died.
10	Guy's,	Mr. C. Forster,	February, 1859,	Died.
11	Metropolitan Free,	Mr. B. Childs,	February, 1859,	Died.
12	Samaritan,	Mr. S. Wells,	May, 1859,	Recovered.
13	"	Mr. S. Wells,	June, 1859,	Died.
14	"	Mr. S. Wells,	June, 1859,	Recovered.
15	"	Mr. S. Wells,	July, 1859,	Recovered.
16	"	Mr. S. Wells,	October, 1859,	Recovered.
17	Westminster,	Mr. Holt,	October, 1859,	Died.
18	Samaritan,	Mr. S. Wells,	December, 1859,	Died.
19	"	Mr. S. Wells,	January, 1860,	Recovered.
20	London,	Mr. Curling,	February, 1860,	Died.
21	Samaritan,	Mr. S. Wells,	February, 1860,	Died.
22	Middlesex,	Mr. Nunn,	October, 1860,	Died.

Mr. Spencer Wells, who has diligently and profitably studied the subject of ovarian disease had, it will be seen, twelve of these cases under his care. The recoveries in his cases, were eight in the twelve, or a mortality of three and a half to ten. Mr. Hutchinson had the only other favorable case. This is remarkable,—as Messrs. Erichsen, Curling, Nunn, and Forster, were among the surgeons in attendance upon the others; and it will hardly be regarded as improper, to express the opinion, that Dr. Wells' success was not accidental. While the mortality in his cases is so low, comparatively, in the other operations, it mounts up to nine deaths in ten cases,—certainly no approximation, to the average as arrived at, even by enemies of the operation.

Dr. R. Lee estimates the mortality at forty to forty-five per cent., Dr. Safford Lee, at thirty-three per cent., Dr. Spencer Wells, the same, as also Drs. Churchill, Druitt, Brown, Simpson, Clary and others

From the foregoing statistical comparison, (much of which presents the case as unfavorably for ovariectomy, as can be justified by the worst summary of the cases on record,) I think it may be inferred, that the fatality attending amputations at the hip-joint, thigh, and shoulder-joint, operations for hernia, ligature of the subclavian, and some of the other large arteries, is greater than occurs in ovariectomy. Yet, what

surgeon would think of refusing his patients, under all circumstances, the chances promised by these operations?

Comparisons of dangerous operations, however, should not decide us for, or against, the propriety of admitting one or the other, into the list of credit and legitimacy; so that if ovariectomy were proven to be the most dangerous of operations, the question of admissibility would not, thereby, be settled against it. The question properly at issue is: *Is ovariectomy, under any given set of circumstances, the best remedy for ovarian growths?*

If certain conditions present themselves, in which no other remedy can be used with hope of success, and the course of the case is to a speedily fatal termination, the life of the patient is worth very little to herself, friends, or the public. If the patient is young, say less than twenty-five, is the certainty of living a life of misery, one year or less, better than one chance in three, or even one in two, of being entirely relieved of her disease, and placed upon a healthy footing, with a reasonable prospect of a long and useful life? Nobody would recommend ovariectomy for a disease that, according to our best judgment, would not approach a fatal termination under ten or more years, or has not already destroyed the hope of the sufferer of ever again enjoying health. But with ovariectomy, as with every other terrible remedy, it should not be suggested, until the surgeon has become convinced that it is *the only remedy*. Then the responsibility of refusing that remedy is greater than the risks connected with a timely, judicious and skillful operation.

That ovarian cystic dropsy is not always fatal, two per cent. of exceptions will not prove. That its course is rather rapid and continuously progressive, is almost as equally true. The operation, when successful—not fatal, in its effects, is a complete remedy, removing the *nisus* of the evil. It is not attended with any danger to the patient, the health being as good as ever; all her functions are complete, unless when both ovaries are removed.

This is more than can be said of many important and dangerous operations. Amputations always mutilate and cripple

their subjects, lessening the value of the lives they save ; not so with ovariectomy. Many of the objections used against this operation, are equally applicable to every other, without exception, of the capital operations. That there are instances of mistakes in diagnosis is true. How many limbs, and lives together, have been sacrificed unnecessarily, on account of wrong diagnosis ? Did no man of superior abilities and experience ever operate for aneurism or hernia, when neither of these existed ? Because errors of diagnosis might more readily occur at one time, years ago, when our means of distinguishing between diseases of the abdomen and pelvis were very much inferior to what they are at present, should we be deterred from acting upon our convictions now, particularly in cases otherwise hopeless ? Because we have means of less hazardous nature, that will enable us to give the patient some chance of relief in certain forms of ovarian disease, such as injections of iodine, tapping, and pressure, are we to abandon the rest of the cases, such as these remedies avowedly cannot reach, to their fate ? I take it for granted, that no man would hope to cure a polycystic ovarian tumor by any other means than extirpation.

Inability to complete an operation, after being begun, on account of adhesions, the unexpected nature or complication of the tumor, is urged as an objection. When we recur to the facts, that we are justified in performing ovariectomy only in cases where it affords us the best chances of cure ; and that without cure, our patient must die in a short time ; and that proper tentative procedure, will enable us to decide the propriety or possibility of completing our operation, without adding very largely to the *immediate* risks of our patient, the objection will not be a very important one.

That all capital operations are too frequently and unnecessarily resorted to, that they are sometimes productive of avoidable mischief, no doubt are facts ; but it is equally true that thousands of lives are annually saved by their performance, throughout the civilized world. The abuse of them should not be brought as an objection to their employment ; nor should their want of success, from the un-

skillful practice of the ignorant, who may choose to undertake their performance, or from the evident imperfections of the various steps composing them, and the antecedent and after-treatment of the cases, discourage us. While there is life to be saved, as conservators of that greatest of human blessings, we should, at least, offer our patient even these extreme remedies.

Ovariectomy may be urged as one of the remedies capable of accomplishing, what, under certain circumstances, no other human agency can effect. No doubt, therefore, ought to be entertained of the propriety of recommending it, under such circumstances. Many of the most daring and deserving of our living surgical teachers take the opposite ground; but that ovariectomy is far more generally countenanced now than heretofore, is apparent to the intelligent observer; and at the end of the present century, there will be no more doubt of the propriety of the operation, than there now is of the admissibility of amputations of the thigh and shoulder. There is one circumstance, in connection with the propriety of substituting or temporarily using, other remedies for ovariectomy, in cases where this operation is proper, that has been, I think, too carelessly considered; and that is, that almost every other remedy we can make use of, with a view of producing any good palliative effect upon the tumor, renders the operation more hazardous, and sometimes impracticable. This is particularly true of tapping, either with or without injections of iodine, and pressure. These, and more particularly the last two, almost invariably produce peritoneal inflammation, effusion of fibrin, and consequent adhesions,—one of the most vexatious and dangerous complications with which we meet.

Hence, I think much of the fatality of ovarian diseases would be avoided, by a determination, before any interference whatever, of the propriety or impropriety of ovariectomy. Let each case, when first met with, be carefully considered with reference to the remedy applicable to it, and *make use of that remedy alone*. Doubtless, many cases would be presented, to which the palliative treatment is the only one applicable, as in incurable cases; in such cases it should be used *from*

beginning to end. I do not believe it should ever precede radical remedies.

We are too apt to think our responsibility begins with the spilling of blood in a doubtful operation; but much more attaches to a judicious decision, as to proper means, and an abstinence from mischievous but, apparently, unimportant meddling.

ARTICLE II.

THE THERAPEUTICAL USES OF THE MURIATE OF AMMONIA.

By M. O. HEYDOCK, M. D.

A Paper read before the CHICAGO MEDICAL SOCIETY.

I have thought that a paper, which should embody all the written experience which a hasty examination of my library and the journals within my reach furnishes, in reference to the valuable qualities possessed by a drug, little used in this country and England—might not prove uninteresting.

I will, therefore, give you a synopsis of the written experience of a few of our brethren, in the *Use of the Muriate, or Hydrochlorate of Ammonia*, my own coinciding with theirs, as far as I have had an opportunity of observing.

It is a matter of surprise with those who have used this drug, why it is so neglected by the profession, while a hundred articles of the *Materia Medica*, whose value and power are matters of doubt and scepticism with many of the faculty, especially those articles, which, for want of a more exact nomenclature, we give a place under the unsatisfactory appellation of Alteratives and Deobstruents—enter into our prescriptions, conjoined with medicines, whose active properties are satisfactorily proven.

Sarsaparilla has had its ups and downs; but I think it is conclusively settled by an impartial and rigid series of tests, to which it has been subjected, that it is a medicine of little alue, but an expensive vehicle for some whose merits cannot

be called in question. And yet this article has a position in the popular estimation as a cure-all, second to none, and judging from prescriptions, some of the fraternity will take issue with me upon its merits. Yet, I can but think it a negative, rather than a positive medicine. Contrasted with the popularity of this expensive drug, the muriate of ammonia, so valuable, and at the same time, so cheap, has failed to win our confidence, only because we have never given it an opportunity, certainly, to the extent its virtues merit. In Germany, its position is much like that held by nitrate of potash with us. I am told that our German brethren in this city, use it very extensively. We all admit that it has few superiors as a refrigerant, externally—a Mr. Walker, according to Pariera, finding that a mixture composed of mur. ammonia and nitrate of potash *aa.* five parts, with sixteen parts of water, lowered the thermometer from 50° to 10° F.

Let us now see how it stands in the estimation of a few, who, having used it, have called the attention of the profession to it:

One writer considers it "the most valuable of all the preparations of ammonia."

Pariera says it is liquefacient, resolvent and alterative; promoting the mucous and cutaneous secretions, and under certain circumstances, that of menstruation; counteracting organic abnormal conditions, as tumors, and thickening of mucous and serous membranes. Its diuretic effects are less obvious. It acts in many respects like the preparations of mercury, and yet a prolonged use of it does not give rise to the cachexia which results from the latter. In large doses, it is said to purge, in small ones it constipates. Its effects are much like iodine, bromine, and chlorine.

Dr. Lindsay, in the *Glasgow Medical Journal*, of 1855, gives an interesting paper, containing the results of his own experience with this drug upon himself and two friends. The condition of the system was observed as to appetite; pulse, intestinal and urinary secretions, and articles of diet consumed. One took 9 grs., another 13½, and the last 18 grs.

per day, in three divided doses. No comparisons were instituted until at the close of the week

Upon the second day of trial, great buoyancy of the system was experienced, and an inclination for increased exertion in all three, representing the different temperaments, least in the lymphatic,—but it should also be stated that he consumed less of the drug than either of the others, taking but 9 grs.; with him the appetite was much increased, the amount of food doubled, the feculent discharges much augmented, the mucous follicles of the intestines seemed to be stimulated to much increased secretion. In two, the force and frequency of the heart was diminished, but the pulse slightly increased in the case of the smallest quantity. The urine was increased in two, from six to ten ounces, in the twenty-four hours, the excess of solids varying from 70 to 160 grs. per day. In the medium dose, the bowels seemed to be affected rather than the kidneys, so that it can hardly be called a renal hydragogue.

He has used it only in chronic diseases, such as are the results of inflammatory action, of which chronic bronchitis, enlargement of lymphatic glands, either scrofulous or of a syphilitic character, chronic skin diseases, and rheumatism, are the representatives.

He thinks its action much like iodide of potassium, and says that long continued use of it does not derange the digestive organs, like the alkalies. He give the details of treatment in two or three interesting cases of chronic bronchitis, attended with thick tenacious secretion, where the benefit was very marked, and also a case of constitutional syphilis where iod. potass. having been used in vain, the ammonia was resorted to with complete success.

Dr. Rea, in the London *Lancet*, of February, 1859, gives the results of eight years experience in the use of this medicine in private and dispensary practice, both in chronic and acute affections. In ten cases of goitre, it cured all in periods ranging from two weeks to two months, used internally and externally. Cases were treated at the same time

with iodine; the treatment occupied the same length of time, and the cures were no more permanent or decided in the latter than in the former. He was led to give it a trial in whooping cough, upon the theory entertained by some pathologists, that there is a morbid condition and enlargement of the bronchial glands, or an irritating glairy mucus causative of the disease. In thirty-three cases of more than ordinary severity, ten in private, and the remainder in dispensary practice, its remedial influence was immediate and decided; the expectoration became bland, and less tenacious; paroxysms milder, and less frequent, and of shorter duration. He was better pleased with the result, than that of any remedy with which he is acquainted.

The medicine was given in doses of from one to five grs., according to age, and the duration of treatment averaged twenty days, but in the cases most favorably circumstanced, it did not extend over a period of more than nine to fifteen; where there existed pneumonia or bronchial complications, he added to the mixture, antimony or ipecac. The only inconvenience to which it gave rise in any of the cases, was a slight mucous diarrhœa, which was easily controlled.

Scrofulous lymphatic glands, such as those of the cervical region, which are so intractable, yielded rapidly to the ammonia, after iodine and its preparations had failed.

In the scaly varieties of skin diseases, as psoriasis inveterata, after failure of arsenic and iodine, rapid cures were effected. He thinks the benefit most marked in cases of psora, occurring in persons of irregular and dissipated habits, or where it is complicated with enlarged liver.

A writer in the ninth number of *Braithwaite*, gives his experience with it in pleurisy, subacute inflammations, and congestive conditions of the mucous membranes. With the Germans, as I have said, it usurps the place of nit. potass. save in those cases where the febrile symptoms run high.

Fuller, in his work on rheumatism, speaks of it as a remedy of singular value in chronic rheumatism, and wonders why it has found so little favor with the profession. He says that it not only increases secretion, mucous and cutaneous, but im

proves nutrition. With bark it produces marvellous results in cases where other remedies have failed. It is not in those cases where the periostum and joints are effected, that its virtues are most satisfactorily displayed, but in those where the disease is chiefly confined to the muscular system.

Dr. Ebdén, in the *Indian Annals of Medical Sciences*, for April, 1854, states that he has found it is a valuable remedy in all neuralgic pains, as facial neuralgia, nervous headaches, toothaches, sciatica and neuralgic dysmenorrhœa.

Some writers have spoken favorably of its use in hepatitis, where suppuration having commenced, mercury becomes inadmissible.

Fountain reports a case of uterine neuralgia, where it gave immediate relief, in 3ss. doses.

Prof. Barrillier, of Toulon, reports administering it in 259 cases of nervous cephalalgia, with success in 202, in doses of fifteen grs. in mint water, repeated every half hour; relief was felt immediately, seldom requiring the third dose. To prove effectual, he says it should not be used immediately upon the advent of the paroxysm, but when it was at its height of intensity. He says that it is not for all forms of cephalalgia, and mentions the following conditions as the result of his experience and conclusions :

1. It dissipates almost constantly idiopathic migraine or hemicrania, consecutive to *too abundant* menstruation. Other writers refer to its valuable properties in this connection.

2. It is powerless in the headaches, dependent upon irregular or suppressed menstruation.

3. It is tolerably successful in cranial pains, dependent upon derangements of the stomach, and the cephalalgia frequent in women and feeble persons, under the influence of sudden change of the atmosphere, prolonged intellectual labor on mental emotions.

4. It operates beneficially in cephalalgia, consecutive to repeated paroxysms of intermittent fever, those which are observed during the decline of severe fever, and in the course of the irritative period of typhus.

Stillé, in his late work upon the *materia medica*, speaks of it as reported to be of great value in chronic gleet, and leucorrhœa, and also as having been resorted to successfully in the treatment of several cases of quartan ague, when other medicines had failed.

Its decided and positive influence on the mucous membrane, renders it valuable in old coughs, dependent upon gastric derangement.

Dr. HAMILL, of this city, tells me he has found it invaluable in the pneumonia of drunkards.

I need not occupy your time, by giving extracts from our journals of the last twelve or twenty-four months, detailing the cases of facial neuralgia, where its use was followed by an immediate and lasting success.

Dr. Watson speaks of its reputed value in hemicrania, and this, with the reported cases to which I allude, led me to use it. In facial neuralgia in some of its forms, I know of no one article of the *materia medica* which has so invariably afforded relief as this, given in doses of from ten to fifteen grs., every half-hour. If it does not remove the pain after some half-dozen doses, it is not apt to prove of service, and some other remedy must be resorted to.

Some one has thought it most serviceable in those cases attended with redness and swelling about the seat of pain. I am not satisfied that it is so. I have used it in the thin, sallow and anæmic. Once or twice in the intermittent variety, once successfully, once it failed. In nervous headaches, I have as yet, had little experience with it, but that has been attended with results which will lead me to try it further.

Were it only of equal value with other of our drugs, in these cases, its cheapness should lead us to use it in our practice among the poor,—a few cents furnishing a requisite quantity for medical purposes, and if it is furnished by the druggist, as charity, it costs him little.

I have thought that one reason of its undeserved neglect, was in consequence of its pungency, but this is in a great measure overcome, if it is given largely diluted, as the dose

mentioned in an ounce of water. Its taste reminds me more of rock-salt, as we call it, than anything I think of. When the patient is one who does not object to an extra charge, for the sake of his palate, I have found the following formula acceptable :

R—Mur. Ammonia,	- - -	3ij.
Water,	- - -	3iv.
Syr. Tolu,	- - -	3ij.
Sugar,	- - -	3ij.
Ess. Wintergreen,	- -	3ij.

Dose, 3ss., which contains ten grs.

The *modus operandi* of this medicine, is not understood. It seems gradually to unload the vessels, and convalescence takes place without any critical discharge. The tongue becomes clean, and its decided influence upon the mucous membranes cannot be questioned.

I think there can be no mistaking its medicinal value as an alterative in certain chronic affections, for all the writers cited, seem to agree strikingly as to the results flowing from their experience. In this paper, I have tried to avoid all reference of a loose and conjectural character, giving only what seems to have been the result of actual experience,—and I think that the facts herein recorded, satisfactorily prove that it is a positive and valuable medicine.

ARTICLE III.

THREE CASES OF EXTIRPATION OF THE EYE.

Reported to The CHICAGO MEDICAL SOCIETY

By E. L. HOLMES, M. D., of Chicago,

SURGEON TO THE CHICAGO CHARITABLE EYE AND EAR INFIRMARY.

If it is in order, Mr. President, I will call the attention of the Society to three pathological specimens of the eye, which I have had occasion to extirpate for three different forms of disease. The specimens are preserved in a saturated solution of bichromate of potash, which has the property, not only of preserving the tissues, but also of coagulating the vitreous

humor so firmly, that it retains its natural form, when its coverings are removed.

The largest specimen is from a young woman, living in the country, who had been affected four years with hydrophthalmos. The eye had gradually become so enlarged, that the lids could be no longer closed; a large staphyloma of the sclerotic was forming upon the upper and inner portion of the globe, presenting the characteristic dark blue appearance, caused by the great attenuation of this membrane: the cornea was nearly twice its natural size, and exceedingly thin, as if it had been stretched to its utmost capacity by the pressure of the fluids within; the patient was already suffering from irritation and deep-seated pain in the eye; sight had long been hopelessly lost.

Surgical interference was there imperative. The staphyloma of the sclerotic had so far progressed, that any attempt to reduce the size of the eye by simple puncture, or even by removing the cornea would possibly, if not probably, be followed by a reproduction of the staphyloma, as is not unfrequently the case in such an affection. The eye was therefore extirpated in the manner which I will soon describe.

The wound healed in a few days, and at the end of a month, the patient returned to the city for an artificial eye, which was worn without the least difficulty, and fortunately, moved much more freely than usual in such cases.

The second specimen is an eye which I removed from an Irishman, connected with the Irish Brigade, of this city. In May last, he consulted me regarding his eye, which he stated, had been injured three weeks before, by a severe blow. On examination, I found the globe atrophied, vision wholly extinct, the iris and cornea united and much changed in structure. There was a large cicatrix on the upper portion of the globe a few lines from the cornea, the result, evidently, of a rupture of the sclerotic. The patient complained of severe and constant pain in and around the eye. There was great tenderness on pressure in the region of the ciliary processes.

As it is seldom I have found any constitutional treatment

beneficial in such injuries, I advised the immediate removal of the eye, not only to relieve present pain, but also to preserve the other eye from sympathetic inflammation. The patient, however, would not listen to this advice. Two months after this, he again visited me, stating that he had constantly suffered severe pain, which had become worse at night, and that he was willing to submit to any operation I thought best. His general health was also somewhat impaired. The eye presented nearly the same appearance as when I first saw it. Five days after the removal of the eye, the patient left Chicago with his brigade, wholly free from pain, with health improving.

The history of the third case is not without interest, as being an example of the great difficulty in relieving irido-choroiditis by medical treatment, when the pupil has become filled with organized lymph, and attached to the lens. The patient, aged nineteen years, stated that he had been subject to constant pain, with violent exacerbations for five years, following a severe inflammation, which, I suppose, from his description and the appearance of the eye, to have been irido-choroiditis. He stated that he had been treated, for a long time, without success, by one of the most skilful physicians of Glasgow, Scotland. The eye was atrophied, the pupil being closed with organized lymph, and the iris much discolored. The removal of the eye gave immediate relief. The patient suffered less inconvenience from the effects of the operation than before, and even felt better able to labor the next day, than for a long time previous.

The operation as recommended by Critchett and others, is very simple. The eye being firmly secured by means of a hook or toothed forceps, an incision is made parallel with the circumference of the cornea, through the conjunctiva. Each of the recti muscles is then seized by a blunt hook, passed beneath it, and divided as in the operation for strabismus. The eye at once protrudes, when a pair of blunt scissors (curved), can be passed behind the globe, and the nerve severed, close to its entrance through the sclerotica. The section of the oblique muscles completes the operation.

There is usually very little loss of blood. Still, it is well, I think, to prevent the formation of large coagula in the orbit, if possible, by injecting cold water freely after the operation. The only dressing necessary, is a simple wet compress. The lids are liable to become slightly œdematous, but there is little pain or inconvenience, so little in fact, that patients often persist in sitting up the next day, or even in going out. The wound is generally completely healed at the end of a fortnight.

The disadvantages of this operation consist almost wholly in the fact, that there is a smaller "stump" for an artificial eye, which is apt to have less motion, than when the anterior portion of the eye alone is removed. And yet, the muscles, the conjunctiva and the lymph, which is thrown out in quite large quantities, and which sometimes becomes organized, often form a much better support for an artificial eye, and give it more motion, than one might suppose.

In the vast majority of simple cases of staphyloma corneæ, and of hydrophthalmos in its early stages, the "amputation" of the cornea and iris, will terminate favorably. Occasionally, however, the wound does not heal readily, the remainder of the eye becomes inflamed, which necessitates its removal. Occasionally, also, severe hemorrhage from rupture of the vessels of the choroid and retina produce large coagula behind the vitreous humor, causing excessive inflammation and suppuration.

In cases like those just reported, especially the last two, and in cases where foreign bodies, or a dislocated lens have been retained some time in the eye, causing chronic inflammation of the whole eye, we believe its entire removal will not only give less trouble to the patient, as regards the diseased eye, but will also, with more certainty, prevent sympathetic inflammation in the other one.

CASES of lead poisoning from taking snuff containing lead, are reported in the English journals.

ARTICLE IV.

A NEW MODE OF COUNTER-EXTENSION.

By E. ANDREWS, A. M., M. D.PROFESSOR OF SURGERY IN LIND UNIVERSITY, ETC., ETC.

Every device which renders the treatment of fractures less irksome to the patient, is a blessing to the surgeon; hence the publication of the following plan for making counter-extension, which is, so far as I know, mostly new; but as it is very simple, possibly it may have already been practiced by others, who have not taken the trouble to publish it. If so, I cheerfully waive all claim to priority.

Every surgeon who has tried the modern plan of extension in fractures of the femur, by means of adhesive straps, has been struck with its efficiency and the perfect freedom which it ensures the patient from all pain and soreness about the leg and foot. As compared with the old fashioned gaiter, which, after a few days' use, hurts the instep and the heel severely, it is a surprising improvement. This complete immunity from suffering in extension by straps, has often prompted efforts to produce counter-extension, also, by similar means, and thus avoid the pain which always results from the perineal band. Indeed, this is a very important point, for in almost all cases of shortening after fractures of the femur, it will be found that there was no physical impossibility of keeping up full extension, but that the sufferings of the patient from the extending and counter-extending apparatus, either caused him to rebel and loosen his dressings without permission, or else wrought upon the compassion of the surgeon so far, as to induce him to do the same thing. A mode of counter-extension, therefore, which is as painless as the adhesive-strap extension, is equivalent to the power of ensuring unions of the fractured bones, at their full original length.

Efforts, in this direction, have been made by the use of oblique straps, passing across the body from the top of a Des-sault's splint, but in my hands I have found them failures.

The traction is too nearly transverse, and presses the splint too strongly against the hip. To avoid this difficulty, I have made use of the following device: I first cut three adhesive straps, each a yard and a half long, and two and a half inches wide; one of these being warmed, is applied to the back, on the same side as the fracture, extending from the waist to the top of the shoulder, and then down the breast, on the same side, as far as the waist in front. At the top of the shoulder it is left loose for the attachment of a hook. The second strap extends from the top of the same shoulder, obliquely down the back and breast, towards the opposite side, until the ends cross each other on the side of the waist. The third strap is placed as a belt around the body, to confine the ends of the others. Next, I take a Dessault's, or any other long splint to which I have previously had attached, at its superior extremity, a bent iron, which, passing over the curve of the shoulder, is hooked into the loose part of the two adhesive-straps where they pass over the top of the shoulder. The lower extremity of the splint is attached to the leg and foot, as usual, by adhesive-strap extension.

My experience with this dressing, is very happy. The traction is distributed over so large a surface, that it occasions no pain, but allows the surgeon to apply, with impunity, any amount of force necessary to make complete extension. A very cheap and efficient form of this apparatus may be constructed by attaching a curved iron, by rivets, to the top of a common Dessault's splint. A more elegant one may be made, by having half the length of the splint made of a brass tube, and the other half, of a rod with a screw surface to slide into it. On the rod, turns a nut, which, resting against the end of the tube, regulates the length, and makes extension. To the lower end, is attached the cross-piece for the foot, and to the upper extremity, the curved shoulder-piece. The whole is strong, simple, and elegant, and not costly. A variety of other forms will readily suggest themselves to any ingenious man.

I think a little experience will satisfy any one that, in

fractures of the thigh, counter-extension from the top of the shoulder, by means of adhesive straps, is by far the best way to fulfill a very troublesome and difficult indication.

ARTICLE V.

REPORT ON THE PREVALENT DISEASES OF THE CITY OF CHICAGO,
FOR THE LAST TWO MONTHS.

By N. S. DAVIS, M. D., Member of the Sanitary Com.

Presented to the CHICAGO MEDICAL SOCIETY, Nov. 22d, 1861.

The last report was dated September 20, 1861. From that time to the 10th of October, I noticed no change in the health of the city, or in the character of the prevailing diseases. During the second week in October, the days were warm and sultry, while the nights were cool. During that time I noticed a decided increase in the number of attacks of diarrhoea, dysentery, and typhus fever, and yet neither of these diseases were more prevalent than is usual at that season of the year. During the second week in October, several cases of scarlet fever occurred in the North Division, in the neighborhood of Chicago avenue and Wolcott street. Six cases in that neighborhood came under my care during the second and third weeks of the month. Three of these proved to be mild throughout their course, but the other three presented severe anginose symptoms. The tonsils and lymphatic glands behind the angle of the jaw became rapidly much swollen and hard. The breathing became noisy from the rattling of tenacious mucus in the throat, the deglutition very difficult, the pulse frequent, and skin hot, dry, and covered thickly with the characteristic red rash. For these cases, I applied externally cloths over the swollen glands, constantly wet with an infusion of aconite leaves, in which was dissolved muriate ammonia. After this had been used thirty-six or forty-eight hours, I substituted the frequent application of a liniment

of olive oil 3ij., oil turpentine, 3ss., and chloroform, 3ss. Internally I directed the following, viz :

R.—Chlorate Potassa,	3j.
Hydrochloric Acid,	gttxx.
Tinct. Belladonna,	3j.
Water,	3ij.

Mix. Dose from 20 drops to a tea-spoonful, according to the age of the child, repeated every two hours. All these cases recovered without any unpleasant sequelæ. From that time to the tenth of the present month, I saw only three cases, all of a mild character. Since the tenth of this month, I have met with six or eight cases of this disease, in a neighborhood called "The Patch," lying between Old street and the Archer road, and between Arnold street and the south branch of the river. The inhabitants are almost exclusively Irish, and many of them living in shanties. In nearly all of these cases, the anginose symptoms were severe. The first case I saw, was a child about three years of age, Its skin was covered with the characteristic red rash, pulse 140 per minute; breathing short, hurried, and noisy from the rattling of tenacious mucus in the throat; the vessels of the conjunctiva were injected and eyes dull; the tonsils and palate were intensely red and much swollen; and the glands behind the angle of the jaw were also much swollen and hard. Deglutition appeared to be suspended, and the child was disposed to lie with the head thrown backward, without noticing anything around it. It died the following morning; doubtless, directly from mechanical obstruction to respiration. All the remaining cases I have seen in this neighborhood, have recovered, under the same treatment that was mentioned above. An incident occurred during the treatment of one of them, that may be worthy of mention. A little boy, six or seven years old, in the same family with the case that terminated fatally, was attacked suddenly and violently. I saw him about thirty-six hours after the commencement of the attack. The febrile action was severe; the rash had begun to show itself on the face and neck, and the fauces, tonsils, and glands behind the angle of the jaw were swelling rapidly. I directed

cloths wet in the cool infusion of aconite leaves and muriate of ammonia, to be applied externally over the swollen glands; and an acidulated solution of chlorate of potassa, with tincture of belladonna, to be given at short intervals, internally. In about eighteen hours I was summoned to see him in great haste, with the representation that he was "out of his head, and dying." On arriving at the shanty, I found the boy with less fever, less frequent pulse, and slightly less swelling of the glands, and parts connected with the throat; but his upper eye-lids drooped as if partially paralyzed; his pupils were widely dilated, and eye-balls almost constantly rolling; frequent sudden startings and tossing of the hands; and a flighty or incoherent state of the mind. Believing all these *peculiar* symptoms to be the excessive effect of the belladonna, I directed the solution containing it, to be discontinued, and in its place, three grains of iodide of potassa, dissolved in half a drachm of aqua camphora, to be given every two hours, and a cloth wet in cold water, applied to the head. The next day all the symptoms of cerebral and nervous disturbance had disappeared, and what was still more gratifying, nearly all the *anginose* symptoms of the disease had also disappeared, and the patient made a more rapid recovery than any other one that had come under my care. From conversation with neighboring practitioners, I am led to believe that the scarlet fever has been quite prevalent for the last six weeks, in the extreme south part of the South and West divisions of the city. About the first of this month, cases of erysipelas began to occur in my practice, and in two weeks eight or ten cases had come under my care. Of these, three commenced in the face; one on the chest; one on the nates; two on the arms; and one at the verge of the anus. The two commencing on the arm and on the side, were of the phlegmonous variety, and were accompanied by suppuration and considerable gangrene of the sub-cutaneous cellular tissue. That upon the chest occurred in the person of a child only eighteen months old, which had been vaccinated on the arm, and the vaccine pustule was about three days advanced, when the erysipelas commenced on the same side of the chest, spread extensively,

and was accompanied by extreme prostration and gangrene of the sub-cutaneous tissue. There was no appearance of erysipelas around the vaccine pustule, which passed through all its stages naturally. The child ultimately recovered. The other cases presented no unusual features, unless we include among them the following :

M. F., a native of Ireland, aged about thirty years, was suddenly attacked on the 21st of October, with a very acute and severe pain in the rectum. The patient was straining moderately at stool, when a sudden sharp, stinging pain was felt in the lower part of the rectum. It did not entirely cease, and in half an hour he went to stool again, when the pain became much aggravated and more continuous. In a few hours it became so intense, that he retired to bed and sent for me. I found him in bed writhing with pain, confined exclusively to the rectum, but without any fever or disturbance of the pulse, and without any swelling, redness, tenderness, or other sign of disease at the anus. To relieve the acute suffering, I directed the patient to take one-third of a grain of sulphate of morphia every two hours, and to keep a cloth closely applied to the anus, wet in a cold infusion of belladonna leaves. The next day I found the patient nearly relieved from pain, but complaining of much weakness. I again examined the anus carefully, and found no swelling, or other symptom of disease. The local narcotic application was continued, rest enjoined, and the internal use of the morphine omitted. The next day was passed comfortably, but on the 24th I was again called, and found the patient had had two evacuations from the bowels, and the pain, though by no means as acute as at first, was considerable. It had assumed a more dull character, became continuous, and was accompanied by moderate tenderness to firm pressure on the right of the anus. Still there was no redness or swelling externally, and only a very slight general febrile movement. Regarding it as probable that a cellular abscess was forming by the side of the rectum, I directed an emollient poultice externally, and anodynes internally, to allay pain and prevent too frequent evacuations from the bowels. The next day a slight degree

of swelling and hardness was perceptible at the point of tenderness. The swelling continued slowly to increase on the right side of the anus, until the 28th, when it began to extend rapidly across the perineum, and on the morning of the 30th, it had involved the whole right half of the scrotum. Up to this time there was no erysipelatous redness upon the surface, and the swelling, everywhere, had a peculiar feel. It was soft, but neither fluctuating or crepitating. In twenty-four hours more, the swelling had extended over the whole scrotum and penis; the skin had become red and tense with several vesications, one of which was filled with bloody serum. Apprehending the near approach of extensive gangrene, although no distinct fluctuation existed, with the council of Dr. E. ANDREWS, one or two free incisions were made into the most prominent part of the scrotum, which gave exit to a large quantity of foetid gas, and a very small amount of pus, which seemed to be diffused in the tissue, but nowhere collected into an abscess. During all the time, there was tendency to diarrhœa; a frequent, soft pulse; a coated and dry tongue; and occasional slight delirium. From the time the swelling began to extend across the perineum, to the 28th, the patient had been taking twenty drops of the tinct. ferri murias every four hours, with two grains of sulph. quinine and two of pulv. opii between. Notwithstanding these remedies and others of a supporting nature, gangrene extended rapidly throughout the skin and cellular tissue of the scrotum, penis, and perineum; thin and brown fecal evacuations continued to occur; the tongue became brown and dry; the mind wandering, with subsultus, and weak but rapid pulse. Efforts were made to improve the condition of the intestinal mucous membrane, by an emulsion of oil of turpentine and tincture of opium, alternated with tannate of quinine, liquor ferri nitratis, etc., but without success. The gangrenous parts separated so rapidly, that by the 4th of November, the whole scrotum and a large part of the skin and cellular tissue of the penis had come off, leaving the testicles surrounded by the tunica vaginalis, and the spongy bodies of the penis fully exposed. During the fifth, sixth and seventh,

the patient improved a little, and some granulations made their appearance on the surfaces from which the sloughs had separated. But on the morning of the 8th, a sudden and copious hemorrhage took place from the rectum, and the patient died in a few hours after. We have narrated this case, for the purpose of asking the Society the following questions, viz :

Was this a case of erysipelas commencing in the rectum, and extending, successively, to the skin and cellular tissue of the perineum, scrotum, and penis? or did the unhealthy and destructive inflammation result from a primary perforation of some point in the rectum, through which irritating and poisonous gases escaped into the cellular tissue, producing emphysema of the perineum, scrotum, etc.?

The patient had been troubled for several years, with, what he supposed to be, internal hemorrhoids. And from his last sickness, commencing with a sharp sting of pain in the act of defecation, from the fact that the mischief extended through the sub-cutaneous cellular tissue before involving the skin, and from the free escape of air from all the incisions, we are inclined to think the latter question suggests the true origin of the disease.

ARTICLE VI.

CHLOROFORM IN CATALEPSY.

By ASHBEL WOODWARD, M. D., of Franklin, Conn.

The patient, Miss E. W., seventeen years of age, was attacked early in August, 1861. The catamenia had been somewhat irregular, the general disturbance of the system being referred to a punctured wound of the foot.

Iron, guaiac, cimicifuga rac., and like remedies were administered without producing beneficial effects upon the general health.

At first, the paroxysms were slight in character, and of short duration, but gradually became more severe. The attacks

occurred but once in twenty-four hours, invariably commencing about seven o'clock in the evening.

The periodical nature of the complaint suggested the use of quinine, which was given for two successive days, in doses sufficiently large to produce a decided impression. The remedy seemed to aggravate the severity of the paroxysm, and was accordingly discontinued.

At this juncture, I was induced to try chloroform, from having previously used it with great success in treating infantile convulsions. The patient at first took three doses, of twenty drops each, diluted in a wine-glass of water, at intervals of an hour, shortly before the time of the expected onset. No improvement was experienced on the first trial. The second day the dose was increased to twenty-five drops, and five doses were given at intervals of thirty minutes. The remedy so impressed the system, that on the third day from the beginning of the chloroform treatment, the paroxysm did not re-appear. From that time onward, her general health has gradually improved till now, November 16, it is excellent.

It should, perhaps, be stated, that the patient showed an extreme dislike to the medicine.

Selections.

CHLORATE OF POTASSA—SOME OF ITS USES.

An Extract from a Lecture, by [S. R. PERCY, M. D., Professor of Mat. Med. and Ther., in the N. Y. Med. Coll. and Charity Hospital. Reprinted from the *Am. Med. Times*.

The diseases in which of late years this remedy has been most successfully employed, are diphtheria, and ulcerative or gangrenous sore throat. In diphtheria, it has been probably used more largely by Professor Jacobi than by anybody else, though latterly he has used NaO , ClO_5 , in preference to KO , ClO_5 , not only on account of its greater solubility, but because he informs me, it is more mild in its effects. In these diseases, it is used not only as a wash and gargle to the mouth

and throat, but it is also taken internally in considerable quantities. Whether it acts, as has been so repeatedly asserted, by giving up a portion of its oxygen to the blood, I will, after what you have heard, leave you to decide; but we do know that it is not all decomposed, as some of it is found in the urine, saliva, feces, and sweat unchanged. Professor Tully and other eminent men, reject the theory that it imparts free oxygen to the blood. It is my opinion that it acts rather by its unity as a saline, possessing its own peculiar action, than by decomposition. That it produces a florid color of the blood without being decomposed, we have abundant proof. There are symptoms in typhoid fever that are much relieved by its careful exhibition. When, in this disease, the urine is found to be scanty and high colored, with the brain dull, owing to this scanty secretion, this remedy given in moderate doses, freely diluted with water, for twenty-four or forty-eight hours, will generally be found to give great relief by its restorative and diuretic action. I have seen it of great service in cases of scurvy, where the gums and lips and skin were of a livid color; and it may have acted in the manner that Dr. Garrod asserts that these salts act—by supplying potash to the blood; and if it acted in this way, it must have been decomposed. It did not as a free and efficient diuretic. In mercurial stomatitis it is a very successful remedy, both as a wash, and when taken internally, but it is not by any means a specific. In syphilis, it has been found of but little service. On the whole, it is perhaps the best remedy we have for buccal inflammations and for ozæna.

It is an interesting question to ask, but one which has yet to be answered, What is the difference in the therapeutic effects of KO , ClO_3 (chlorate of potash), NaO , NO_3 (nitrate of soda), NaO , ClO_3 (chlorate of soda), and KO , NO_3 (nitrate of potash)?

When taken in any considerable dose, it depresses the heart's action, frequently reducing the pulse twenty or more beats in the minute; this it does by its refrigerant and anti-phlogistic powers. That it possesses tonic properties, as claimed by Fountain, and others before him, is entirely out of the question, excepting so far as its base may serve as a restorative hæmatic.

In what manner does KO , ClO_3 act, when taken in small or medicinal doses; and what are its effects and *modus operandi* when taken in inordinate doses? We have seen by the experiments of O'Shaughnessy, that it brightens the color of the blood; that it revived animals, when poisoned by medicines that acted on that fluid; and we have seen that a

part of it, at least, traversed the system and passed from it in the same state in which it entered it, thus producing its effects by its unity, not by decomposition. We have seen, again, by the experiments that I related to you, that in certain states of the system, decomposition does not take place, and that both base and acid are used for the reparation of tissues, and that this decomposition takes place only so long as it is needed as a restorative hæmatic; and that as soon as the system is saturated with it, it appears in the urine, and after awhile passes off, also, by the bowels. We learn, also, from the large experience of Professor Jacobi, in the Dispensary, that it is the best remedy we at present possess for the various forms of inflammatory sore mouth, both when used as a wash, and given internally; and that, though it frequently fails to afford relief, it is one of the best remedies in diphtheritic exudations, and in mercurial ptyalism. The latter fact is verified by the previous experiments of Herpin, Blache, and Ricord. That it is no *specific* in phthisis, and, in fact, that it frequently does injury in that disease, we learn from the observations of Köhler, Flint, Gay, and others.

As to its effects in large doses, we see that it may even be fatal, and that death may be produced by its action on the kidneys, and upon the stomach and bowels. In the cases related by Tully, in which one ounce was taken at a dose, there was a great uniformity in the symptoms produced. In one instance, in one hour after taking an ounce, the pulse fell from seventy-two to fifty-six, and was considerably smaller and weaker, and in five hours the pulse had fallen to thirty-six. It produced, also, a severe, heavy, and oppressive pain in the stomach and bowels, with free and painful alvine evacuations. Even on the second and third days this severe and oppressive pain was experienced, and was only relieved by large doses of clear brandy, and excessively large doses of opium. If the opium was omitted, the pain returned, of a lancinating and sore character, with intolerance of the slightest pressure. The violence of the symptoms passed off after a copious diuresis, but it left the person with flatulence and other dyspeptic symptoms, which lasted for some time. The treatment in these large doses should be large quantities of warm flaxseed tea, the hot bath, and blistering with ammonia over the kidneys, with large doses of opium and ipecac.

Professor Jacobi has kindly furnished me a most elaborate culling of the German journals, on the effects and uses of this salt, and I am very sorry that I have not time to present these interesting notes to you, especially as Professor Jacobi's

own very extensive experience with the salt, has enabled him to make an excellent selection of what was worth mentioning. I hope to give you a collation from these notes at a future time. Dr. Jacobi's individual experience with this remedy is perhaps more extended than that of any other person amongst us; for in the German Dispensary, his clinic and private practice, I find he has notes of its administration in about two thousand cases, and, as I have before said, he uses it to a great extent, and with good success, both internally, and as a gargle and wash, in the various forms of stomatitis. In mercurial stomatitis, Dr. Jacobi amply verifies Ricord's experience, and has met with almost unvarying success in keeping off salivation. From the first day of a mercurial treatment for syphilis, he has given KO , ClO_3 , or NaO , ClO_3 in drachm doses, without any abatement of the effects of the Hg (mercury), and no salivation, even where the Hg has been given, from four to six weeks. Dr. Jacobi informs me that about three years ago, he took two ounces of KO , ClO_3 in divided doses during two days. During the first day, there was nausea during the whole time, the urine was increased, free salivation all day, slight diarrhoea, and loss of appetite. During the second day, the nausea was more intense, a constant spitting, a very sore feeling in the intestines diarrhoea increased, with general uneasiness and irritability; he was not fully over its effects for several days. But Dr. Jacobi says, there are but very few to whom he would give this dose. As to its detection in the secretions, Isambus found it in the saliva five minutes after taking it, in the urine in ten minutes; he found it, also, in the milk, tears, nasal mucus, and perspiration, but not in the feces or semen.

SURGICAL NOTES FROM *THE LANCET*.

The following essentially practical observations, we condense from a paper in the December number of the London *Lancet*, by FREDERIC C. SKEY, Esq., F. R. S., Surgeon to St. Bartholomew's Hospital. They are in brief, the general principles as carried out in Mr. SKEY's wards in that institution, and will repay perusal:

Fractures of the Leg.—A well-made flock pillow, long enough to extend above the knee, and some inches below the foot, is an efficient, and most comfortable agent in the treatment of simple fractures of the leg, where the displacement is not great, nor the fracture very oblique.

When bound on to the leg by means of four or five straps with buckles, which are drawn very tight, the pressure, as is known, is diffused over the entire surface of the leg, and is unproductive of pain, or of such an amount of discomfort as to prevent sleep.

Strangulated Hernia.—One word on the subject of the division of the sac in cases of hernia. The operation of non-division has, I confess, disappointed me; and I am disposed to concur with many other authorities in the belief that the advocates of the operation, are not borne out in their estimate of its supposed advantages—such, at least, is the result of my own personal, and necessarily limited experience in the practice of St. Bartholomew's Hospital. The operation for strangulated hernia, although the theory is obvious enough, and the object to be obtained, clearly understood, is often an operation of considerable difficulty and of anxiety to the surgeon operating; and in a large number of cases, a young surgeon is not indisposed to suspend for the moment, his "pride of place," and to avail himself of the advice and co-operation even of his assistant, certainly of his seniors, should such be present. I consider the difficulty of the operation, as a rule, considerably increased by the attempt to divide the stricture from without inwards, or, in other words, without opening the sac which surrounds the intestine.

Lithotriety.—In SKEY's opinion, there are comparatively few cases of calculus, in which the operation of lithotriety is not available. He has adopted a rule never to operate with the lithotrite, unless the urethra will admit a catheter of the size of No. 9 or 10. Among others, he cites one case of a man, aged seventy-two, upon whom he operated with this instrument, no less than seventeen times. The stone was of lithic acid, and his experience shows this composition, and not oxalate of lime, forms the hardest calculi.

Stimulating Treatment of Burns.—In reference to the subject of burns, I have always been an advocate for the stimulating principle of treatment first suggested by Dr. Kentish. That principle, to my observation apparently so sound, has been repudiated of late years, by many eminent surgeons. The thoroughly negative action of carron oil and lime-water has been substituted for it, from which, I confess, I have never seen a corresponding benefit obtained. It is notorious, that the intense pain caused by a drop of hot sealing-wax, or other similar agent, on the skin, is much mitigated by the temporary application of great heat. The pain subsides in the course of a few moments, by holding the affected part to

the fire. The explanation is not, perhaps, very obvious, but the fact remains.

In July last, five men were admitted into St. Bartholomew's Hospital, with severe burns in the face, head, chest, and arms. One died immediately after his arrival. My house-surgeon, Mr. Richard Smith, was at the time ill, and the immediate charge of these cases devolved on the colleague, who applied the oil and lime-water to the arms and hands of each of the surviving men. At that moment Mr. Smith arrived, and completed the dressing by the application of a solution of nitrate of silver, (ten or twelve grains to the ounce of water) to the face, neck, etc. I did not see these men till the following morning, when all four complained of severe burning pain in the arms and hands, but stated they were free from pain in the other affected parts. The stimulating solution above mentioned, was applied to the upper extremities, and the relief at the expiration of about a quarter of an hour was complete. In two of the cases, some pain returned on the third day, and relief was obtained by the same means. My directions are simply these: In the case of infants or young children, wash the affected surface, if not very extensive, with a solution of nitrate of silver, in strength, six or eight grains to the ounce, and immediately cover up the part with a thick mass of cotton-wool; in the case of an adult, from twelve to fifteen grains, unless the surface requiring the application be very large. Should pain return, the solution may be advantageously resorted to at any early stage of the treatment.

Housemaid's Bursa.—Placing no reliance on blisters and iodine, he reduces the bursa to an abscess, by passing a full sized thread through the centre of the swelling; this thread is removed, in from two to five or six days, during which interval suppuration will inevitably ensue, and the case is then treated like any other, of abscess. Between 100 and 200 cures effected in this way attest its merit.

The same agent, and the same principle, is equally applicable to *ranula*. Indeed, it is quite remarkable with what rapidity this disease recedes under the action of the thread, whether the cyst be of average or of the largest size.

Wounds into Joints.—We only allude to this to express surprise at what seems Mr SKEY's want of familiarity with Barwell's recent excellent work on the Joints. Mr. S. mentions the case of a boy, admitted with a small wound on the inner side of the knee-joint, from which synovia escaped after his admission, and subsequently extensive suppuration occurred. He queries, after detailing the case, "Can this boy

recover the former mobility of the joint, or is anchylosis inevitable?" He believes the functions of the joint may be restored; but "as far as he knows," "the subject (the result of suppurative synovitis), has not been investigated," though "not devoid of surgical interest." Barwell would seem to have pretty clearly settled, that anchylosis is by no means inevitable in these cases,—*vide* his *Diseases of the Joints*, chap. I., p. 74, *et seq.*, American edition.

Hysteria.—In concluding his paper, he desires to "direct the especial attention of the younger members of the surgical profession to one of the most remarkable features associated with the treatment of disease. I allude to the great prevalence of *hysteria* in the cases of young women. It is quite remarkable how general is its presence, and how frequently it is interwoven with the symptoms of real disease. Abundance of cases recur to my recollection during the past year; reputed affections of the spine, and of the knee-joint more especially, at first sight of the most deceptive character. I would go so far as to assert. that its presence, in some degree or other, is almost universal. And yet how critically important is a correct diagnosis in such examples! What form of treatment has a greater tendency to aggravate the symptoms of hysteria, than that which may be judiciously applied to the cure of real diseases?

NITRIC ACID AND OPIUM IN DIARRHŒA AND DYSENTERY.

Dr. HYNES, in a communication to the *Lancet*, recommends the following formula, as one he has found highly beneficial in the autumnal forms of diarrhœa and dysentery:—

Compound infusion of gentian, eight ounces; tincture of opium, a drachm to a drachm and a half; nitric acid, twenty minims; one ounce to be taken after every liquid stool or painful alvine evacuation. A mustard plaster applied to the epigastrium, and drinking sparingly of ice-cold mint-tea, relieve the sickness and thirst that frequently accompany the severer form of these diseases.

Another formula is given by Mr. Hope, of Chatham, as follows:—

Nitric acid, two drachms; opium, two grains; water, two ounces; a spoonful to be taken in any vehicle three or four times daily.

Dr. HYNES adds, "I am unwilling to theorize upon the *methodus medendi* of what I believe to be the principal agent in the above formula; yet I cannot help thinking that the nitric acid possesses some disinfecting agency, no less than an astringent efficacy, over autumnal diseases. 'The fumes of nitric acid are believed to be efficacious,' says the late Dr. Montgomery, 'in destroying the effluvia of typhus and other febrile diseases.' Diluted with water, so as to form an acidulous drink, Dr. Duncan, of Edinburgh, used to employ it in the low fevers that prevailed in the suburbs of that town. But independently of its chemical action over animal effluvia, it appears to me to act as a direct astringent in all diseases of the mucous membrane. Thus in purulent ophthalmia, what remedy is so efficacious as nitrate of silver in solution? In fact, in all mucous discharges it is almost the sole remedy upon which the surgeon depends; and of course the nitric acid is the chief agent in this valuable therapeutical. I am in the habit of employing a formula of a nearly similar kind as a topical application, but with double the amount of acid, in cynanche and in diphtheria; and I can speak very strongly upon its beneficial effects. In broken-down constitutions impaired by mercury, by syphilis or other irregularities, the above remedy will be found frequently valuable; and given in combination with taraxacum, it will prove very serviceable in sluggish conditions of the liver. I am in the habit of employing it with very considerable advantage in the diarrhoea of infants, and, combined with the muriated tincture of iron, in tabes mesenterica. I may further state that I have given the other acid, singly and in combination, the full benefit of a fair trial in all the above forms of diseases; and, without any prepossession or prejudice, my experience enables me to give a decided preference to the claims of the nitric acid in combination with opium, as a very superior therapeutical remedy."

ANÆSTHETICS IN MIDWIFERY.

At a recent meeting of the New York Academy of Medicine, B. FORDYCE BARKER, M. D., Professor of Obstetrics in the Bellevue Hospital Medical College, read a paper on the above subject, which elicited the warm commendation of such members of the profession as Drs. Delafield, Peaslee, Gilman, Elliott, Stevens, Detmold, Van Buren and Wooster. The *American Medical Times*, from which we copy, publishes

the paper, and we only regret that want of space prevents us from presenting it to our readers, in full—one of the ablest summaries of the views of progressive obstetricians, yet published. The substance, however, we give below; and shall, also, in due time, put our readers in possession of the main points of the discussion the paper has drawn forth among the members of the Academy.

After a spirited résumé and contrast of the diverse opinions held by leading obstetrical authorities, Dr. BARKER remarks that the experience of no one individual is sufficient to decide all of the points before alluded to, yet the accumulated observations of all who have had large opportunities will evidently contribute to as fixed principles and rules of practice as can, in the nature of things, be secured in the science of medicine.

In the minds of most medical men the *danger* involved from the use of anæsthetic agents is the grand question above all others. And here permit me to say, that the danger from their use in midwifery, is a question altogether distinct and apart from that of their use in surgery. There has not yet been reported, nor is there any reason for believing that a single death has ever occurred in midwifery practice from the use of *any* anæsthetic agent, where it has been administered by a medical man; and without being able to give statistical evidence in proof of the assertion, I will express my firm conviction, that it has been administered a greater number of times in obstetric than in surgical practice. There are sound and patent physiological reasons why its use should be much less dangerous in the former than in the latter practice.

1st. The conditions under which they are administered, are entirely different. In surgery, the anæsthetic is used to give relief from an *anticipated* suffering. In obstetrics it is used to destroy pain already existing. There is no law better known in medicine than that the tolerance of narcotics and anodynes bears a certain relation to the intensity of the pain. One suffering from peritonitis or colic, can safely, and with advantage, take a quantity of opium, which would be sure to destroy the life of the same individual when in health. For this reason, the risk from such an agent must be very much less in obstetrics than in surgery.

2d. The emotional conditions of the subject under the two circumstances, differ materially; in the one case tending to weaken nerve force and depress the vital powers, and in the other, to secure tolerance of such an agent by stimulating and supporting the same elements. I do not stop here to discuss

more fully the influence of the emotions in affecting the vital functions, although, it is a subject of great importance, and one well worthy of the careful study of every practical man. For my present purpose, I think that the mere statement of the proposition is sufficient to secure its acceptance by every mind. When a subject is about to submit to any painful operation and an anæsthetic is proposed, there is always more or less dread and apprehension as to the result, to which is often added an anxiety in regard to the effects of the anæsthetic, whether it will really destroy all consciousness of pain; and if so, whether it will not also destroy life. But in midwifery, the overwhelming desire is to be relieved from the recurrence of the pains, and when the effect of the anæsthetic has once been experienced, it is again sought for with the greatest avidity and confidence.

3d. In midwifery it is ordinarily unnecessary to carry the anæsthetic to the extent to which it is absolutely essential in surgery. In the former, it may frequently be carried to the extent of diminishing or destroying sensation, while consciousness is retained; or, if sleep is induced, it is tranquil not stertorous. But in surgery it is absolutely requisite that the patient be perfectly still, and the anæsthetic must be carried to the extent of complete sopor, the test of which is heavy snoring. Even if it be necessary to carry it to this extent in obstetrical practice, as it may be in some cases of natural labor, and ordinarily when operative measures, either manual or instrumental, are demanded, the two conditions which have been before mentioned as greatly modifying the danger from the anæsthetic still remain. Furthermore, it may be added, that the system is prepared by the previous use of the agent in a less degree, because there is now no emotional resistance to the effect of the anæsthetic. * * *

The propositions which Dr. B. offers as a basis for the discussion of the Academy, are founded on his own clinical experience in 786 cases, in 27 of which, he administered ether, and in the remaining 759, chloroform. Of these, 577 were cases of natural labor, occurring in his private practice. The others are classified under their appropriate heads, and were either cases of difficult labor in his private practice, or in his obstetric service at Bellevue Hospital, or were seen by him in consultation.

In a majority of these cases the chloroform was not carried to the extent of inducing profound anæsthesia. The chloroform was exhibited with the recurrence of pain in such a quantity as to destroy the sensation without overcoming con-

sciousness. The length of time under which patients were kept under its influence, varied from a half hour to, in one instance, over twenty-four hours. In most patients, the inhalations were not commenced until the second stage of labor, but where any special indications existed, it was given any time during the first stage. * * *

The following are the propositions above alluded to, and may be taken, we presume, as embodying the articles of belief of the advocates of anæsthesia in obstetrics :

1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

2d. It exerts no injurious effect, when properly administered, either upon the health of the mother or the child.

3d. It is perfectly justifiable to use chloroform in natural labor, solely for the purpose of relieving pain.

4th. It is especially useful in calming the extreme agitation and mental excitement which labor often produces in very nervous women.

5th. It should be administered in those cases of natural labor where the progress is suspended or much retarded by the pain occasioned by previous diseases, or such as may supervene during labor, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance the labor.

6th. It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perineum, in certain forms of puerperal convulsions, and in the various obstetrical operations.

Book Notices.

LECTURES ON THE DISEASES OF WOMEN. By CHARLES WEST, M. D., Fellow of the Royal College of Physicians; Examiner in Midwifery at the Royal College of Surgeons of England, etc., etc. Second American, from the Second London Edition. Philadelphia: Blanchard and Lea. 1861.

If Bellona has shown herself no fostering mother of the peaceful literature of Esculapius, she, at least, deserves credit that fewer mediocre, and even worse, volumes have been foisted upon an impecunious and unsuspecting profession in

the twelve months just ended, than in many of their predecessors. If fewer books are printed, and fewer journals issued, those hardy few must, certainly, have some strong savor of value, that they should have survived the rough nurture of an atmosphere laden with villainous saltpetre, and aglow with the red wrath of war. And so we set it down as certain, that BARWELL and BUMSTEAD, and LAWSON and BEDFORD, are names that will live in our libraries, when peace shall once more fold her white wings and settle down amid the prairies and the forests and the mountains the guns of Sumter scared her from. An earnest, manly tone pervades the literature of to-day, before which fine-spun theories, glittering generalities and specious sophisms wilt and wither, like a dahlia-stem at the first frost.

Dr. CHAS. WEST will need no introduction, at our hands, to most of our readers,—at least, to those who have followed, with any degree of zeal, the specialty of our author. This volume embraces, in its 483 handsomely printed pages, the first part of the *Diseases of Women*, which appeared in Messrs. Blanchard and Lea's *Medical News and Library* for 1857-58, and the second part, promised, at that time, to "treat of all the remaining diseases of the female system." This latter consists of twelve additional lectures, commencing with diseases of the parts connected with the uterus, and including ovarian tumors and dropsy,—to which six lectures are devoted,—and closing with three lectures on diseases of the female bladder, of the urethra and vagina, and the external organs of generation.

Of the first part of the volume,—given at the time of the publication, our opinion is already on record; but we have glanced over,—all we have as yet had time for,—with renewed pleasure, the introductory lectures on the symptoms of diseases of women, the examination of the various classes of symptoms and the modes of examination. And as a better exponent of his clear, impartial, logical manner, and a certain charm of simplicity and directness most admirable, we add, at the risk of making this notice too lengthy for our limits, the following extracts:

"But just as disorder of the functions of other organs not seldom attends upon the physiological processes going on in the womb, so may it follow upon uterine irritation produced by disease; and a large proportion of the most obstinate forms of dyspepsia, and a still larger number of hysterical and nervous affections have been excited and are kept up by disease of the womb. In a great many of these cases, minute inquiry elicits evidence of functional disorder of the generative organs, as shown by disturbed menstruation, by leucorrhœal discharges, or by painful sensations, although none of these symptoms may have been so marked as to have engaged the patient's notice; or she may have regarded them as trivial accidents not worth mention when compared with the other, and to her feelings the more important causes of her sufferings.*

Need I guard myself against being misunderstood, against being supposed to say that, in the management of a woman who is dyspeptic, your attention is to be turned less to the state of her stomach than to that of her womb; or that if a woman suffer from neuralgia, you are at once to suspect the existence of uterine disease? I mean no such thing; but *what I do mean* is, that, in the treatment of diseases occurring among the patients of the female sex, you should always bear in mind that, besides the ordinary causes of disease common to both sexes, there is another set of causes peculiar to themselves. Whenever, therefore, the ordinary principles of pathology fail to explain, or the ordinary proceedings of therapeutics prove inadequate to cure the ailments of any female patient, it behooves you to remember that, in her sex, and in its peculiar diseases, you may perhaps find a clue to the cause of her present symptoms, and discover indications which may show you how to accomplish their cure."

The following paragraph closes the lecture on the modes of examination, and is so candid, so just, so moderate an estimate of that much used and abused instrument,—the speculum, as to, at once, redeem it from the odium its abusers subject it to. The quotation is, in part, his answer to the broad question, "What is your opinion of the speculum?"—

"In estimating the value of the speculum as a means of diagnosis, I think that the advances in knowledge of uterine disease, of which it was the indirect occasion by the impulse which it gave to their study, are sometimes confounded with

*In vol. II. of Lisfranc's *Clinique Chirurgicale*, 8vo. Paris, 1842, from p. 182 to p. 256, are some remarks, with illustrative cases, on errors of diagnosis in uterine disease, which, though not free from the characteristic faults of that writer, will yet well repay an attentive perusal.

those positive additions to our information which we owe exclusively to the use of that instrument. The former have been very great indeed, and I think candor compels us to acknowledge that they have been due almost exclusively to persons who, not content with our previous means of investigating uterine disease, have labored to increase them by employment of instruments. The latter have certainly been less considerable, but nevertheless the speculum enables us in many instances to decide at once, and with certainty, upon the nature of a case, which otherwise we should have understood only after long and careful watching, to discover some minute polypus which the fingers alone would not have detected, to determine the source of a profuse leucorrhœal discharge, and to decide whether it is furnished by the cavity of the womb; or by the walls of the vagina; or, from the redness, congestion, or abrasion of the os uteri to infer the state of the womb generally, and thus to conduct our treatment upon the sure ground of positive observation, not upon bare presumptions. At the same time, however, that I hold the speculum to be in many cases of most essential service, I think that the endeavor of all of us should be to ascertain the minimum of frequency with which its employment is necessary. This is to be done not by decrying the instrument, still less by attributing dishonest motives to those who use it, but by soberly and honestly trying to test the value of the information which we derive from it, and learning to discriminate between those appearances which the speculum discloses that are of moment, and such as are of no importance."

Of the remaining lectures, comprised in the first part, three are devoted to menstruation and its disorders, and the rest, sixteen in number, to the uterus,—from simple inflammation to cancer,—its misplacements—including the allied misplacements of the vagina, rectum and bladder,—its inversion, and its tumors and outgrowths, this last, a most interesting section, embracing five lectures.

In never-flagging interest, in thoroughness and perspicuity, we know of no superior to Dr. WEST in medical authorship, without, indeed, it be that *facile princeps* of writers,—THOMAS WATSON, whom he, also, resembles very nearly, in a kindly appreciation of others' labors and feeling, in modesty, moderation and manliness. He is already a favorite with the profession, and this volume, for which Messrs. Blanchard and Lea

deserve a generous patronage, will win the esteem and admiration of the well-built professional mind.

PLACENTA PRÆVIA; ITS HISTORY AND TREATMENT. By WILLIAM READ, M. D.,
Member of the Massachusetts Medical Society.

However justifiable the complaint of want of interest and cultivation in the branch of medical service to which this volume belongs, may have been in time past, the evidence of its growing importance and rapid advancement in the last quarter of a century, is proof of the industrious interest taken in it by a large body of the best members of our profession, at the present. Indeed, no branch is cultivated with more zeal than obstetrics, and it is gratifying, and we think, truthful, to say, that none has advanced with more rapid strides, in the last quarter of a century. Many illustrious names, and almost innumerable monographs, as well as general treatises, could be mentioned in proof of this statement, but it is not necessary to do so now.

Since the lucid and masterly efforts of Rigby, the elder, to clear up the hitherto obscure subject of uterine hæmorrhage, it has undergone the most scrutinizing investigations at the hands of many very competent men, and strange to say, notwithstanding the various deviations, which, from time to time, have been made from the practical doctrine, taught by him, we are now almost exactly where he left the subject in point of fact. The volume of Dr. READ is creditable to his industry, and proves the great interest he has manifested for his subject, and the vast knowledge he possesses of its literature and nature, and will well pay for its perusal. We think there can be but one opinion of the main practical teachings of it, and no question of the plausibility of the theories discussed. The former are excellent and reliable, and the latter maintained with as many facts and as much logic, as are necessary to convince the most of his readers. The following are the particular conclusions at which he has arrived, viz:

1. The danger to the mother in placenta prævia increases the nearer the approach to full term of pregnancy. It is

better, therefore, to terminate labor when it begins prematurely, than to endeavor to conduct the pregnancy to full term.

2. The danger to the mother is less when the os uteri is completely covered, than when a portion only is involved with the attachment of the placenta, and least of all when the attachment is completely central.

3. The *condition* of the mother is of more importance than the absolute quantity of blood lost. A small amount will affect some persons more than a larger quantity will others. The first evident approach of danger, as syncope or its premonitions should serve as a signal for action,—the chances of recovery becoming momentarily less, when symptoms of failure in the system have commenced.

4. When the pains are vigorous, and likely to be so, rupturing the membranes may be sufficient in most instances to check the hæmorrhage. When the pains are not efficient, he would oppose this measure.

5. The danger to the mother is materially increased by artificial delivery, not so much on account of the operation itself, as the exhausted condition of the mother at the time it is usually done.

6. It should therefore be the aim of the practitioner, to deliver before great exhaustion has occurred.

7. If, from the progress of the case, or the conditions of labor, a resort to artificial labor must finally be had, it should not be delayed an instant beyond the time when the dilatation or dilatability of the os uteri permits the introduction of the hand into the uterus.

8. When, from the rapidly failing condition of the mother, or the presence of any cause artificial delivery is rendered impossible, the placenta should be wholly separated from the uterus, and means used to restore her, until delivery is practicable.

9. The tampon may be used to check flowing before the os uteri is dilated or dilatable, care being taken to not allow it to delay the delivery.

10. Ergot should not be used when an operation is likely

to become necessary, unless we can wait long enough for its effects to pass off, or at a time when its effects will not be established, until after the operation is over.

11. In cases where the exhaustion is excessive, and version is the only alternative, after the feet have been brought down, the body should be left undelivered until the uterus has been roused to contractions, or at least, withdrawn slowly.

The volume is published by order of the Massachusetts Medical Society, for the benefit of its Fellows, by Lippincott & Co., Philadelphia, and is a handsome, well-printed book of some 340 pp.

THE GORILLA: Being a Sketch of its History, Anatomy, General Appearance and Habits. By LEONARD J. SANFORD, M. D., New Haven, Conn. Dec., 1861.

Our countryman, Du Chaillu, opened a rich vein of something more than nine days' wonder, when he returned from his "Adventures in Equatorial Africa," with the first entire skeletons and stuffed specimens of the largest anthropoid ape yet seen. And though his reception here was anything but enthusiastic, British savans and the British public have certainly lionized him *ad nauseam*,—naturalists have feted him, curators and librarians have denounced him, and his proteges have been taken as far into the pulpit as the Rev. Mr. Spurgeon could conveniently get them.

Here, we are just beginning to get interested in the subject, and this pamphlet reprint,* by Dr. SANFORD, is the first monograph we have yet met with.

For fifteen years has this animal been known to modern naturalists, and yet with such an intertexture of fact and fiction, as to place him on the shadowy confines of romance, almost with the phoenix and the roc. The name itself, as Dr. SANFORD tells us, is much older, being used by the Carthaginian voyager, Hanno, B. C. 600, and was applied to the present species by Dr. Savage and Prof. Wyman, of the Soc. of Nat. Hist., at Boston, in 1847, to whom the Rev. J. L. Wilson, an African missionary, forwarded a skull and some

*From the *American Journal of Science and Arts*, Vol. xxxiii, Jan. 1862.

other bones of a skeleton from the Gaboon coast. Dr. S. gives a general sketch of the anatomy, comparing its striking points of resemblance with man, closing his remarks on the osseous system, as follows ;

The anthropoid apes take rank in relation to man, according to the degree of approach of their skeletons to his. By this criterion, the gorilla has a high, perhaps the highest position. His skull, as we have seen, has fewer human resemblances than those of some other species, but in the rest of his bony framework he stands much nearer the archetype. A comparison of the entire skeleton, among the series, leaves us in some doubt as to the exact place he should occupy. Professors Wyman and St. Hilaire put the chimpanzee first, and the gorilla second ; while Prof. Owen states, that the tailless *quadrumanus* recede from the human type, in the following order : viz, gorilla, chimpanzee, orang-utan, gibbon.

The *muscular system* of the apes, throughout its entire structure and arrangement, conforms very closely to that of man. So also the structure and form of the *lungs* and *heart*, and the distribution of the *blood-vessels* and *nerves*, are all but identical with the corresponding organs in man. But the *brain*, though having the elliptic form of its human congener, differs from it considerably in size* and points of structure. In bulk, and in the number and size of its convolutions, the discrepancy is great. The *cerebellum*, relatively to the *cerebrum*, is larger than in man. This disparity of size, consequent upon the larger *cerebellum*, is a characteristic of the brute creation, and it increases up to a certain limit, as we recede from man in a descending series. It is indicative of excessive animalism, or rather of a preponderance of the purely animal functions.

The brain of anthropoid apes is distinguished from that of other brutes, in possessing a process of structure known as the *hippocampus minor*—this is a minute, nipple-shaped body, which is found in the posterior cornu or horn of each *lateral* (the largest cavities of the brain) *ventricle*. Its existence in the apes, to the exclusion of all other animals except man (for this, so far as known, is a fact), is the more remarkable, inasmuch as the posterior lobes of the brain, which contain the *cornua*, are very inconsiderably developed in them.

In the circle of their functions, and in the phenomena of

*The weight of brain in a full grown gorilla, is from 10 ounces to 12 ounces, troy ; in the chimpanzee and kooloo-kamba, it is somewhat greater than this. In the full grown negro, it ranges from 3 pounds 1 ounce, to 3 pounds 9 ounces 4 drachms, troy.

periodicity, the apes, again, make a close approach to the human species.

The gorilla, in general configuration, is quite like the apes, but his larger size, and more compact organization, deprive him of their agility of motion—and so, by good right, of their name. In motion and manner, he must be an awkward and ungainly ape. He is accomplished, however, by possessing great strength—in this particular, as also in ferocity of disposition, we conceive him to be something terrible. His *physique* judged of by man's, is graceless and shabby in the extreme; in the comparison, we are justified in characterizing him, as Buffon has done the sloth, "a bungled composition of nature."

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. By GUNNING S. BEDFORD, A. M., M. D., Professor of Obstetrics, Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; Author of "Clinical Lectures on the Diseases of Women and Children." One vol., pp. 731. S. S. & W. Wood, New York; for sale at S. C. GRIGGS, Chicago.

Dr. BEDFORD has presented the profession with a first rate work, in the book titled as above, and we are deceived, if we be not universally sustained in this opinion. Chaste, simple, yet attractive in style, full and yet concise, it will be, to the American practitioner, an interesting, as well as profitable library companion. Although given in the form of lectures,—of which there are forty-six, the arrangement and order of the subjects are natural and appropriate, enabling the author to include, in a small compass, a large amount of well digested matter. In four lithographic plates, he endeavors to give us a better idea of the appearance of the breasts, which indicate pregnancy, than can be conveyed by means of description. They are very appropriate, and form a prominent feature in the book. The Messrs. Wood have performed their part admirably well. The printing is clear and beautiful, and on excellent paper. The binding of the copy sent to us, is the only objectionable feature; it is not so substantial as a book, that will be used so much, requires, in our estimation. As an American work, we are proud of it; and would cordially recommend those in need of a text-book on obstetrics, either as an office or college companion, to buy it, believing they can do no better.

Editorial.

"THE CHICAGO MEDICAL EXAMINER," FOR 1862.—With the present number we issue a full index to the volume of 1861. The next issue will commence a new volume; and notwithstanding the war, we trust that all our old subscribers will continue, and many new names will be added to the list. Indeed, the number of remittances already received from new subscribers to commence with the volume for 1862, is most gratifying. There will be no change in the editorial or other management of the EXAMINER for the coming year. In addition to ordinary communications, we shall continue to publish faithful reports of the doings of our local medical societies and colleges; and, also, many of the clinics in the hospitals and dispensaries.

Whatever we deem calculated to advance the education of the profession, or the science and art of medicine, we shall commend and sustain, without regard to the source from which it comes. We shall not imitate some of our neighbors by filling our columns with personal scandal, and cowardly insinuations. For we believe the almanac which says, "The man who tries to build himself up by pulling others down, is like one who sits himself on a wheelbarrow, and tries to wheel himself to glory."

The unhappy state of the country has caused many of our exchanges to stop publishing; but the EXAMINER will not stop on account of war and rebellion at home. If, however, England, or any other powerful European nation should be ungenerous enough to take advantage of our domestic strife, to commence an unjust war upon our country, we might be constrained, not only to lay down the editorial pen, but our whole *professional* armor, also; and to shoulder a knapsack and rifle to aid in defending the honor and integrity of our country until the last foe was driven from the field.

VALUABLE DONATION.—The Library of the Medical Department of Lind University has been enriched by a copy of *Rosenmueller's Abildungen der Anatomie*,—The donation of Dr. J. J. LESCHER, of Mt. Carmel, Ill.

We give place here, at the request of the Faculty, to the following extract from the minutes of the proceedings relative to the receipt thereof, as also to the interesting letter of Dr. LESCHER :

"A letter was received from Dr. J. J. Lescher, of Mt. Carmel, donating to the school a valuable work on Surgical Anatomy, with plates, and text in German and Latin. On motion of Prof. Davis, it was—

Resolved, That the Faculty of the Medical Department of Lind University tender their cordial thanks to Dr. J. J. Lescher, of Mt. Carmel, Ill., for his very valuable donation to the College Library.

It was further resolved that the Secretary embody the resolution in a note to the Corresponding Secretary, for transmission to Dr. Lescher."

The following is Dr. LESCHER's letter accompanying the volumes :

MOUNT CARMEL, ILL., }
Nov. 13th, 1861. }

Prof. WM. H. BYFORD, M. D., Chicago—

My Dear Sir :—I take the liberty to request you to present in my name, to the Medical Faculty of Lind University, for the use and behoof of whomsoever they will, the accompanying copy of *Rosenmueller's Abildungen der Anatomie*, together with the *Text* in Latin and German—descriptive of the *Illustrations*, including the Surgical Anatomy of the same, the *Chirurgisch Anatomische Abildungen*.

Intrinsically valuable as are these works of art, both by reason of their rarity and the beauty and truthfulness of the delineations, they possess yet greater worth in my sight, inasmuch as they descended to me from my revered and beloved father, of whose large library, accumulated during a half century at great labor and expense, they formed a part.

Believing, however, that they may become more useful in being placed under the control of the worthy teachers of a

young and vigorous institution devoted to the spread of "the heaven-descended art," than to remain in a private library, I am induced to make the above named disposition of them. In this connection I may be allowed to speak of my father:—

Born in 1783, a descendant of Swiss parents,—his father born on the North Atlantic ocean,—my father began collecting a library as early as 1800. At the date of his death, in 1854, it numbered 994 volumes—costing from \$1.00 to \$87.50 each. Possessed of no means in early life, with but six months "schooling," (in German) to gratify his taste for reading, he was fortunate in forming the acquaintance of learned men of Lancaster, Penn., chief amongst whom was the pioneer of the German Lutheran church, in America, the Rev. Dr. Henry Mühlenburg, the founder of a family since noted in theology and legislation.

Possessed of a large and rare collection of books, Macænas-like, he encouraged my father, giving him free and generous access to his library. Residing some twenty miles in the country, in the pursuit of a miller's boy, he would frequently walk the distance to borrow a book of the Rev. Dr., for perusal at night, after the toils of the day, and as he could raise money, he would purchase of him an occasional volume.

Of these evidences of his early tastes and studies, I now possess several samples, which I prize highly, chiefly, because of their associations.

One of the rarest works, now in my library, which he purchased of a monk, is in 13 vol. folio, containing 23,582 pages, double column, German text, with Latin notes, richly bound, and beautifully printed, entitled, "*Historisch-Politisch Geographischer Atlas der Grantzen Wett; oder grosses und vollstandisches Geographisch—und Critisches Lexicon. Von Mr. Brouzen La Martintere.*" Leipzig, 1744.

With my best wishes for the Faculty respectively, and the University, which is their pride,

I am very truly, your friend,

J. J. LESCHER.

ARMY SANITARY COMMISSION.—One cannot resist the conclusion, from the perusal of the various publications of this body, that a great laxity, even to criminality, exists in some of the regular machinery of the War Department, that thus necessitates the organization and maintenance of a charitable institution of such magnitude as this,—for to this eleemosynary complexion has it come at last.

Organized originally, as we were led to believe, mainly as an advisory body to the Medical Bureau, it has grown in importance and value until it now actually rivals that institution,—not alone in the furnishing of hospital supplies and stores, but in the organization and operation of the hospitals themselves; and,—we regret that it should be so,—the field for these guerrilla Samaritans is so ample, that, as yet, conflicts of authority, between them and the army medical officers proper, are matters of rare occurrence. That such a fact should be, is a stigma upon the Medical Bureau and its officers; that two-thirds,—certainly one-half of the sick and wounded should be dependant upon the chance donations of the public, already taxed to support an organization, ostensibly for this purpose, is a crying shame upon the Department of which that Bureau is a creation. And the evil ramifies down, from the chief of that Department, to the private in the ranks, who, knowingly unfit for duty, either actively or passively, burdens himself and his infirmities upon the Government. We know of officers, who, to obtain their commissions, have had mustered into their commands, to attain the necessary number, men totally unfit for service, with running sores, with herniæ, with carious tibiæ, etc.; of others, who have thrown difficulties in the way of their sick and wounded being discharged, for similar reasons. One man, we saw, only a short time since, who has helped fill up *three* companies, obtaining his discharge each time, on account of a large open ulcer over a carious tibia. It is not necessary to say that the fellow found his account in this trick, through the various captains, or that it was done through their cognizance, the matter being one of seller and purchaser,—and in which the ulcer and the Government were alike sold.

Would such a trick be feasible,—would such a state of affairs obtain,—would we have “20,000 unfit for duty” in a single division of the army, if mustering and inspecting officers did their duty? And if not, and other officers from the inspector up to Surgeon-General FINLEY were competent and faithful, would there be any need of such a stupendous Charity Society as the *U. S. Sanitary Commission* has degenerated into?

We presume there is no necessity for us to explain our motives in these remarks. They are made in no captious spirit; nor will we yield to any in lauding the self-sacrifice and public zeal which prompts the members of the *Commission*; still less do we underrate the value of the good they do. What we regret and object to, we have clearly stated:—the *necessity* for such self-sacrifice and exertion, and the existence of such suffering, destitution and inefficiency as their reports show.

Incidentally, we may mention that the Chicago Branch of the *Commission* has furnished all the hospitals at Cairo with clothing, bedding, food, and miscellaneous articles, and has in store at that place, 120 boxes more, in reserve for an emergency. It has also supplied the hospitals at Rolla, Sedalia, Tipton, Otterville and Bird's Point, Mo., Paducah, Ky., Mound City, Ill., and Ft. Leavenworth, Kansas. Some fifteen large boxes of these goods are daily received, from all parts of the State, and from twelve to fifteen dispatched to the various points above mentioned. Through its instrumentality much good has been done in the various camps, in enforcing sanitary and police regulations, in seeing to the rations and modes of cooking, etc., aside from the more strictly medical province, in which much has been done in the way of weeding out irregular practitioners, instituting order, cleanliness and discipline, and otherwise ameliorating the condition alike of the sick and well.

EXTRACTS FROM CORRESPONDENCE.—Dr. S. W. WALLACE, writing us under date Oct. 28, 1861, mentions that he had recently kept a lady patient,—whose hand had been so severely

crushed as to demand amputation at the wrist,—under chloroform for two hours, and without any bad result.

—A New York correspondent sends us a sketch of the introductory lecture to the tenth annual session of the New York Ophthalmic School, delivered at the hospital, No. 63 Third avenue, by Dr. M. STEPHENSON, before a large number of students and professional friends. The address was one of much interest, and we are glad to know that the school is doing well.

“With over a thousand patients per annum at the Institution, great facilities are always afforded for clinical instruction.

The attending surgeons are Dr. M. Stephenson, Dr. J. P. Garrish, and Dr. M. P. Stephenson.

The hospital is always open to professional brethren, especially those who may visit the city from a distance.”

G. G. S.

—The following we take from a letter from C. DUMREICHER, M. D., formerly of this city, but at present Assistant-Surgeon at the General Hospital, Wheeling, Va. Dr. DUMREICHER served through the campaign with Gen. Rosencranz, in Western Virginia, and has been in the service from an early date in the war. He says:—“The time that I have lived in the field has been extremely interesting. I have seen and practiced more surgery and medicine in this short time, than I would have been able to do, in civil practice, in a much longer period, and I have seen some very interesting cases. At the battle at Carnifax Ferry, the hospital of our wounded was under my charge. One man was shot through the chin. The ball fractured the lower jaw terribly; passed along the lower border of it, and stopped immediately above the external carotid. After a very careful and delicate dissection, I extracted the ball. The loss of blood from the wound was frightful, and I thought the man would die; but he recovered, and two weeks afterwards, I sent him to the General Hospital in Cincinnati. Another man was shot through the upper lobe of the right lung, and got well. I did not lose a single wounded man after that battle, except the amputations, and these were nearly dead before the operation. At Gauley

Bridge, a very singular case was under my treatment. A man, sick with typhoid fever, was sent from the camp, about six miles above my hospital, to me for treatment. On the road, he was shot from across the river. The ball entered his body at the lower border of the right scapula, glanced off, and took its direction upwards, through the neck, went under the lower jaw, across the mouth diagonally, fractured the left superior maxillary, and lachrymal bones, and was cut out by me, immediately below his left eye. It was a heavy Minié rifle ball. There was some loss of blood from the mouth, but not much otherwise. The muscles of the tongue were somewhat cut, but not very badly. No important artery or nerve injured. A very strange case. The man got well. Another soldier's tibia was injured by a shot, and fractured by a subsequent fall. Several surgeons decided to amputate, and sent to me for it. The fibula was intact, no artery or nerves cut, and I made up my mind to save his limb, and succeeded.

* * * * Brig. Surg. Clendennin, whom you know, is surgeon of this hospital. At the present time, I am prescribing for between 70 and 80 patients, every day.

ARMY MEDICAL SOCIETY AT CAIRO.—We learn from the St. Louis *Republican*, that an association, called the Army Medical Society, has been formed at Cairo, composed of the surgeons and assistant surgeons connected with the various regiments and hospitals at Cairo, Bird's Point, and Mound City; its object being the improvement and diffusion of medical science among the members. The preliminary meeting was held at the office of Dr. Taggart, the medical purveyor at that post, and was temporarily organized by Surgeon Stahl being called to the Chair, and Brigade-Surgeon Burke appointed Secretary. Brigade-Surgeon Brinton explained the object of the meeting as being one in which all the surgeons, now engaged in the army, should feel a deep interest during the war. Surgeon Bringhurst moved that a committee be appointed to report a list of officers for the government of the Association. The following gentlemen were elected: Surgeon Stearns, President; Vice-Presidents, Surgeons Davis and

Bowman; Secretary, Surgeon Taggart. They will hold a meeting once a week, and two papers will be read at each, for discussion; and every subject connected with army surgery will be discussed.

WORK ON "NEW REMEDIES."—In connection with Prof. PERCY, an extract from whose pen we publish in the present number, Dr. ELSBERG, of the *American Med. Monthly*, is preparing a work on *New Remedies*. Dr. E. says: "It is based on the celebrated Essay of Dr. GUIBERT, to which the *Société des Sciences Médicales et Naturelles de Bruxelles* awarded its full prize, and the erudite elaboration thereof by Dr. RICHARD HAGEN, now in course of publication at Leipzig, Germany. Our work will embrace all valuable medicinal agents introduced into the treatment of disease since the year 1830, up to the present day, detailing their history, description, action and uses, and giving the most approved Formulæ of Preparation, Preservation, and Administration. In Formulæ it will be particularly full, for the use of both physicians and pharmacists. Novelty not being deemed a sufficient passport for admission into confidence, unless sustained by merit, and with the only object—to be useful—and the only means—*Labor to approach the Truth*—constantly before us, we are determined that no really useful remedy, introduced during the last thirty years, shall be slighted, while no undue prominence shall be given to undeserving articles. Nor will uncertainty or ignorance at any point that the actual advance of science has not reached, be sought to be concealed by illusory hypothesis or ill-founded statements. Any heretofore unpublished information calculated to add to the practical utility of the work, that may be in the possession of any of our readers, will be gratefully received, carefully considered, and, if used, appropriately acknowledged."

OBITUARY.—Among the recent deaths of eminent men in our profession, is M. SCRIVE, Chief Inspector of the French Army, and Medical and Surgical Historian of the Crimean Campaign. He died at the hospital *Val de Grace*, Paris, ætat 46.

Also Sir JOHN FORBES, M. D., near Reading, England, well-known, aside from his other writings, by his volume on *Nature and Art in Disease*, and the discussion it gave rise to.

NEW APPLICATIONS OF THE PER-CHLORIDE OF IRON.—Dr. Rodet, of Lyons, claims that a solution of per-chloride of iron will destroy the virus of hydrophobia, and recommends it as a specific after the bite.

M. WAHU, principal physician of the Military Hospital, at Nice, reports the successful treatment of an *ongle incarné*, or ingrowing toe-nail, which had partially disabled him for a long time, by the use of the salt, after vainly trying the Vienna paste and alum. The powder was obtained and insinuated as deeply as possible between the free edge of the nail and the ulcer; fifteen minutes after, the Dr. could bear his entire weight on the foot, a thing he had been unable to do before for many months. Three weeks after, by means of a bath, he removed the hardened layer of tanned skin, and found a new tissue beneath which perfectly resisted the pressure of the nail.

Other continental physicians testify to the efficacy of the salt, in various cutaneous affections. M. BOURON DES CLAYES, of Créteil, reports two cases,—the first of an old man, suffering from eczema and an intolerable itching in the perineal region, unallayed by starch poultices, tar-ointments, etc. The liquid per-chloride was lightly applied twice, at an interval of twenty-four hours, each time coated over with collodion. The third day the cure was completed. The second case was that of a strong man, forty-seven years old, suffering from itch, and also, an eruption of *lichen agrius*, of long standing, on the fore-arm. An ointment of the per-chloride, bicarbonate of soda and hog's-lard was applied, and in a few days the itch had completely disappeared, the eruption was subsiding, and a cure was rapidly effected.

PHYSICIAN'S HAND-BOOK, ETC.—From W. A. Townsend, 39 Walker street, New York, we have received the *Physician's Hand-Book of Practice*, for 1862. This is the well-known little volume of Dr. ELMER, and contains, in addition to the usual diary for medical practice, which is very full and complete, an amount of condensed information which the young practitioner will find very useful.

Townsend also re-publishes *Braithwaite's Retrospect*, of which we need not, here, do more than speak,—preferring, as heretofore to notice it, *in extenso*, on receipt of the number.

MORTALITY IN CHICAGO.—The following table shows the mortality in each division for each month of the years, 1860–61. The total mortality for the past three years has been 1,862 for '59, 2,056 for '60, and 2,089 for '61.

	1860.			1861.		
	NORTH DIV.	WEST DIV.	SOUTH DIV.	NORTH DIV.	WEST DIV.	SOUTH DIV.
January.....	25	48	49	68	59	53
February.....	81	61	36	36	53	46
March.....	38	74	68	48	78	56
April.....	44	48	89	38	46	44
May.....	82	40	80	48	44	47
June.....	41	66	48	36	45	50
July.....	95	116	77	67	85	87
August.....	86	132	100	44	126	92
September.....	43	69	60	47	98	78
October.....	84	65	50	28	88	50
November.....	58	52	60	39	60	64
December.....	46	63	49	40	83	72
Totals.....	578	824	659	522	810	780

MORTALITY AMONG MEDICAL JOURNALS.—Since our last issue, the following periodicals have suspended publication: *North American Medico-Chirurgical Review*, *Berkshire Medical Journal*, *Cleveland Medical Gazette*, and *St. Louis Medical and Surgical Journal*. There are now just about one-third of the medical publications issued, that commenced the year.

THE SPASMODIC CHARACTER of whooping-cough is said to be thoroughly controlled by the exhibition of an infusion of common clover-hay, after the following formula:

R Trifolii in feno, - - - 3ij.
Aq. bullient, - - - - Oj.

Macerate for four hours and strain. Dose, a tablespoonful, three times a day, to a child five years old. The hay should be sweet and leafy; and this infusion is to be used in conjunction with other remedies, according to the indications.

PERSONAL.—We understand that Dr. J. V. Z. BLANEY, Medical Purveyor at this post, has been summoned to Ft. Leavenworth by Gen. Hunter, to assume his duties there as Brigade-Surgeon.

CURE FOR WHOOPING COUGH.—Dr. B. Woodward, of Galesburg, Ill., uses a new formula with which he states to have succeeded beyond his most sanguine hopes. Take best roasted Java coffee, four ounces; boiling water, eight fluid ounces; displace and add loaf sugar q. s. to make a syrup. When nearly cold, add tincture of veratrum viride, two fluid drams; fluid extract of conium, four fluid drams. Give from one-half to one teaspoonful every four or five hours, till the cough is well. This treatment will effect a cure in from eight to twelve days.—*Med. and Surg. Reporter.*

DUPUYTREN ON SPURIOUS PREGNANCY.—Prof. Simpson, in lecturing on spurious pregnancy, tells the following good story of Dupuytren. "Such cases are, happily, extremely rare; but you do meet with them occasionally, and not in patients within the walls of a lunatic asylum only. It is told that a lady once came to Dupuytren, to ask what was to be done in her case, as she had now been in the family way for fourteen years—and the great Parisian surgeon gave it as his opinion, that as the boy must be tolerably well grown by that time, the best thing the lady could do was to swallow a tutor immediately, that his education might not be neglected."—*Med. News & Library.*

— Professor Peaslee recently performed the operation of tapping, on a young lady, at Pittson, Pa., and removed *one hundred and forty-nine pounds and three ounces* (149 lbs., 3 oz.) of dropsical fluid. It was weighed in Dr. Peaslee's presence, by Dr. Lawson and Mr. J. Loveland, of that place. The abdominal circumference of the patient before the operation, was *six feet and two inches*, (74 inches.)

This was the same patient, mentioned in the *Am. Med. Monthly*, June, 1861, from whom Dr. Peaslee removed *one hundred and thirty-five pounds* of fluid (135 lbs) on the 29th of April last. The circumference then, was five feet and seven inches, (67 inches.)

PHYSICAL TRAINING.—Among the Parliamentary papers recently issued, are two small volumes containing some information collected by Mr. Edwin Chadwick, during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching, is a wide cause of enervation and predisposition to disease, and induces, also, habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half

the time of another boy, must have obtained proportionately superior habits of mental activity. It is the alertness, combined with the bodily aptitudes created by drill, that gives comparatively stunted boys of the town, a preference over the strong, robust lads from the coast. Good school-masters say, that about three hours a day are as long as a bright voluntary attention on the part of children can be secured, and that in that period they may be readily taught as much as they can receive; all beyond the profitable limit is waste.—*Med. Times and Gazette.*

PODOPHYLLIN AS A SUBSTITUTE FOR MERCURY.—This article, the active principle of the *podophyllum peltatum*, *May apple*, or *mandrake*, is just now coming into notice among our transatlantic neighbors, as a substitute for mercury. The suggestion of its use came, however, it is said, from an American oculist, who, in 1854, when about to leave the English shores, placed his daughters under the care of a celebrated physician, and gave the latter a bottle of this remedy, which he requested should be prescribed instead of mercury, whenever a mercurial was required in their case. Following this suggestion, the physician has used it continually since, and thus speaks of its administration and effects. If given in quarter-grain doses, twice a day, combined with opium, to check its aperient action, and continued for a few days, profuse salivation will occur, with, however [no?] fetor of breath, or ulceration of gums. This, however, rapidly subsides on discontinuing the medicine. It is very slow in its action, often ten or twelve hours, but in the following combination induces one or two copious stools, attended with the sensation of the bowels having been thoroughly emptied, and without tenesmus:—R. Podophyllin, gr. j.; pulv. rhei, gr. ix.; pulv. capsici, gr. ij. M. Ft. pil. iij. S. one or two. This, for an ordinary aperient. Its action on the liver, if given in small doses, may be as much relied on as mercury, while the effects upon the system generally are, by far, less injurious.—*Am. Med. Monthly.*

GUN-SHOT WOUNDS PRODUCED DURING THE LOADING OF ARTILLERY.—Dr. Cortese relates (*Omodei Annali Univ. di Med.*) five cases, and gives the following summary of his observations. No other blow of a projectile imparts so great an amount of commotion to the entire limb, and the surgeon is therefore compelled to direct his attention to the whole extremity, whatever amount of lesion may be manifest in the hand. A neglect in this regard may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration.

while a diminished power of re-action in the injured parts may give rise to purulent infection, or render amputation useless. When the hand is severely torn, its disarticulation and even the amputation of the forearm is insufficient to secure recovery, because the tissues are more or less destroyed in their intimate structure in consequence of concussion. In such cases, the arm should be amputated. The sooner amputation is performed, the greater is the probability of a favorable result. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When no fractures are detected in the diaphysis of the bone, some lesion in the ulnar articulation must be suspected. When the lesion does not seem severe enough to call at once for amputation, we must be prepared for secondary occurrences which will unfit the limb for its functions. Still, conservative treatment should in such cases be attempted.—*Boston Med. & Sur. Journal* from *B. & F. Med.-Chir.*

PERIOSTEAL REPRODUCTION OF BONE.—It is claimed that Boyer anticipated Flourens, Ollier, and others in the discovery of the reproduction of bone by the periosteum. He says that in Boyer's work on practical surgery, "all the circumstances of the reproduction of bone by the periosteum are carefully enumerated, according to the origin, extent, or depth of the mischief," and presents the following among other quotations, therefrom, in proof of his statements: "When the periosteum of both surfaces of a bone has been spared, it inflames, the vascular net-work becomes more apparent, the thickness of the membrane increases, it parts from the modified structures, and the interval is immediately filled up by a gelatinous, or more properly an albuminous substance, at first semi-fluid and jelly-like, but subsequently more consistent and adhesive to the periosteum only. This albuminous layer becomes more compact and opaque; red patches are soon discernible, and it blends with the enveloping membrane from which it can no longer be distinguished. In this mass, streaks and layers of bony deposit, at first sparse and disseminated, are, after a time, visible; they increase in number and close with each other; the thickness and density of the mass daily become greater, and at the same time it is deflected and swerves from the mortified bone; for a long time it can be readily cut through, and the surface of the incision presents a cellular mixture of solid and apparently fleshy aspect; the osseous structure at last shows itself unmistakeably; *a new bone has been formed*, and the surface corresponding to the morti-

fied fragment remains covered with a thin layer of soft texture, which replaces the internal periosteum.

RE-ORGANIZATION OF THE MEDICAL DEPARTMENT OF THE ARMY.—Senator WILSON, of Massachusetts, has introduced a bill into the Senate, which looks to the attainment of the following ends :—

1. The introduction of an efficient corps of medical officers, especially devoted to sanitary inspection and hygienic administration.

2. The selection and appointment of the Chief of the Medical Bureau—the Director-General—as well as all the Sanitary Corps, solely with reference to *fitness*.

3. The establishment of a rule for the honorable retirement of every medical officer, at a specified age of presumed inability.

4. The recognition of, at least, one degree of higher rank in the medical staff.

5. A better definition of the various ranks in the medical staff, and a systematic assignment of general departments of labor to each rank or class of surgeons.

6. An increase of the class of Medical Cadets, and a proper recognition of their status and privileges in the medical staff of the army.

Meanwhile, Congress is quarrelling over the admission of homœopaths into the army hospitals, and two of the highest regular Medical officers have been rating each other soundly, while a volunteer association is inspecting hospitals and camps, feeding, attending and clothing the sick, and in general, performing the duties appertaining to the regular Medical Department.

TREATMENT OF CHILD-BED FEVER.—In the epidemic of child-bed fever which occurred some time ago, in the obstetrical clinique of Professor Von Ritgen, the following plan of treatment was adopted, with exceedingly beneficial results, as even cases of the utmost severity were cured under its influence. At first $\frac{1}{8}$ th of a grain of morphia was given, and this dose repeated two, three, or even four times a day, according to the violence of the abdominal pain. An hour after the dose of morphia, a mixture of camphor was administered :

R—Camphor,	- - - -	℥ss.
Gummi mimos.,	- - - -	℥j.
Aq. Chamomill.,	- - - -	℥iij.
Liq. Ammon. acet., sacch. albi, aa.,		℥j.

An hour after this the patient took one grain of quinine; then another dose of morphia, and so on, until the symptoms decreased, which was the case with all patients hitherto treated in this manner.—*Med. Times & Gaz.*

REGENERATION OF OSSEOUS TISSUE.—We copy the following from the *San Francisco Med. Press*:—

“The following review of the researches of M. OLLIER in this department of Physiology, which is daily becoming more and more interesting, from its important bearing in reference to Operative Surgery, we translate from *Canstatt's Jahresbericht*, 1st vol., 1861:

The part which the periosteum performs in the regeneration of osseous tissue, OLLIER attempts to show, by a series of interesting experiments. In order to resolve the question, whether portions of bone could be reproduced outside of the normal limits and regions of ossification, as well as by the agency of blood-vessels, to which such function does not normally belong, OLLIER attempted and effected transplantation of portions of the periosteum, taken from the living bone. His experiments were performed upon rabbits, in which he detached portions of periosteum in such a manner, that a part of them was left with its original attachments, while the other was separated and drawn out through the muscles. In another series of experiments, these flaps of periosteum were detached from the bone after a few days; finally, in a third set of experiments, the flaps were wholly detached from the bones, and were transplanted upon adjacent and also on remote portions of the body. In all cases, in connection with the periosteal flap, there was found a new layer of bone, of different degrees of strength, corresponding to the dimensions of the flap: this new bone consisted of a compact cortical structure and of medullary cells, the latter finally uniting in a large medullary cavity. The newly formed bone, independent of a slight irregularity of the Haversian canals, exhibited the same structure, when examined microscopically, as ordinary bone: it had a red marrow, rich in vessels, and similar to that of the foetus. The formation of the new bone does not proceed from the fibrous portion of the periosteum, but from a thin layer of blastema, which covers the inner superficies of the periosteum, and contains free cells, nucleated cells, and an amorphous, granulated material. Where the blastema was rubbed off from the inner surface of the periosteum, there occurred no deposit of bone; when the fine fragments of this blastema were strown upon other tissues, they produced bone cells, without the aid of the fibrous portion of the periosteum.

The course of the formation of bone is not, throughout, constant and similar; during the first few days, the flaps of periosteum, as well as the surrounding tissues, become swollen, on account of the infiltration of lymph; soon afterward, there appear, on the inner surface of the periosteum, masses of matter deposited, distinguishable on account of its consistence: the deposition of calcareous matter commences about the seventh or eighth day. The mass, impregnated with calcareous matter, is sometimes fibrous in structure; at other times it is of a cartilaginous nature, the cellular spaces of which usually contain a single simple cell, or else fine granules. The bone, when stripped from its periosteum, is soon again invested with a thin, delicate layer of matter, which soon unites with the wounded edges of the old periosteum: in eleven or twelve days afterward, the formation of vessels appears, in the new layer of matter, the vessels arising from either the edges of the wounded periosteum, or from the bone itself: along with the vessels, there are also produced connective tissue and elastic fibrous matter. In six or seven weeks, this newly formed periosteum acquires the power, similar to the original one, of generating masses of bone in any part of the body; still, it should be stated, that this reproductive attribute is not possessed, to an equal extent, by all portions of the periosteum. For example, after transplantation of the pericranium, there appeared but a very diminutive osseous granulation; on the other hand, the dura mater, (as much of it as is in connection with the cranium,) when transplanted beneath the skin of the sides and other regions of the body, in 30 or 40 days afterwards, produced fragments of bone, of from 2 to 6 millimetres of thickness. (A millimetre equals a half line.) The flaps of the periosteum retained the power of reproducing bone, when they had been detached 10, 30, 60 and even 99 minutes after the heart of the animal from which they were taken had ceased to beat. An entire humerus was taken from a rabbit that had been killed, and was inserted beneath the skin of another living rabbit; the bone not only grew fast in its new place, but increased in length and breadth, the growth in the latter direction being greater. When the bone was taken from an animal of another species, the operation failed; the transplanted bone either causing an abscess, or, after a time, disappeared by absorption.

BELLADONNA SHORTENING LABOR.—Dr. B. F. Barker gives a table of 147 cases of labor, in all of which belladonna had been given for the purpose of dilating the os externum by comparatively painless contractions. The extract was given

in one-quarter-grain doses, two or three times a day, commencing about two weeks before the end of gestation. Plethoric patients took tartar emetic in combination with belladonna—three grains of the former, eight of the latter, in two ounces of the syrup of orange peel, one ounce of the tincture of orange peel, and one ounce of water; a teaspoonful three times a day. With some the following formula was used: compound tincture of cinchona, three ounces; syrup, one ounce; extract of belladonna, eight grains. Other combinations were prescribed to fill special indications.

A very great difference appeared in the susceptibility of patients to the influence of the agent, and also a great difference in the purity and strength of the article. One would seem to have double the potency of another, without any corresponding difference in the appearance, color or odor. In some cases the dose had to be diminished, but in most instances it could be gradually doubled, or even tripled. Dryness of the throat, slight uneasiness or giddiness in the head, dimness of the vision, are indications to diminish the dose. Not one of the children was still-born, and in none of the cases was there post-partum hæmorrhage or retention of the placenta. In one the function of lactation was entirely absent; in two others the mammary secretion did not appear until the fifth day.—*Amer. Med. Jour.*

PUERPERAL CONVULSIONS.—Dr. T. J. Thomas, in one of his lectures on the complications of labor, delivered in the University Medical College, New York, thinks the term puerperal should convey the idea of eclamptic seizures, of epileptiform character. Poisoning of the blood, usually uræmia, is, in a vast majority of cases, the great cause of the seizures. As a rare exception to this rule, centric or eccentric irritation may act as a cause. The avenues by which death may approach, are apoplexy, asphyxia, serous effusion, coma, exhaustion and paralysis of the heart. Consequently, the primary indications of treatment may be enumerated as follows:

1. Check the convulsive action at once and thus prevent death by asphyxia, the cerebral conditions resulting from congestion, and failure of the heart to perform its function.

2. Diminish vascular turgescence, and excessive action, and thus remove the great liability to apoplexy and coma.

3. Evacuate the uterus, if possible, because experience has proved that, in the majority of cases, the seizures will then cease, and because we thus remove pressure from the kidneys.

4. Eliminate or neutralize the poison accumulated in the blood.

Dr. N. S. Davis Jr Blue Paper sides—

Anæsthesia by chloroform, resorted to early and fearlessly, is by far the best means to control the convulsions, but its influence must be kept up steadily and unintermittingly, even for twenty-four or forty-eight hours, if necessary, and in such manner as to effect the object in view, if it can be effected by this means. When anæsthesia fails to control the convulsions, blood-letting should be taken into consideration. It may be necessary, but its indiscriminate employment is very injurious. In regard to the third indication, labor, if actually commenced, should be encouraged and hastened, so soon as the convulsions are at all controlled. Should the woman not be at term, an attempt must be made to manage the case without the induction of labor; but the latter should be accomplished when other means fail to prevent the return of the seizures. For this purpose, pass a sponge-tent into the os uteri, use the warm douche freely against this and the encircling fibres of the os, and employ the colpeurynter or a bladder placed in the vagina and filled with water. Should the os be dilated, stimulate the fibres of the uterus by placing a gum-elastic catheter between the membranes and the uterine body, or deliver by version or the forceps. The kidneys being crippled in their functions, it is finally advisable to act freely on the mucous membrane of the alimentary canal by active cathartics—salines, if the patient can swallow, otherwise croton oil. The skin should be made to act by the hot-air or vapor bath. In addition, dilute citric or benzoic acid should be freely given, with the hope of forming in the blood citrate of benzoate of ammonia. The former may be given in the form of lemonade.

As cases complicated with œdema are much more favorable than those without it, some benefit may be derived from the artificial production of œdema, by ligatures applied around the arms and legs tight enough to interfere with venous return, but not to obstruct arterial flow. Sometimes in the convulsions occurring after delivery, opium, in full dose, is highly useful, but its use requires great caution.—*Am. Med. Monthly.*

TARTAR EMETIC IN ASTHMA.—In three cases of long standing, Dr. E. B. Forsee obtained permanent relief by nauseating doses of tartar emetic with morphia: one-fourth or one-eighth of a grain of the one, one-eighth of a grain of the other, repeated every twenty, thirty or sixty minutes. When the spasmodic action abates, the patients are advised to take small doses of antimonial wine for some days.—*St. Jo. Med. and Surg. Journal.*

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